

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02700

## 1. PLACE OF DEATH

County Allegany

180

Registration Dist. No.

4

Village or City Cumberland WITHIN CORPORATE LIMITS

St. 6-1 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Aubrey Amtower

(a) Residence: No. 129 Oak Street, City  
(Usual place of abode)

St. 6-2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

October 27-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	5	3		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unemployed
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

West Virginia

13. NAME Herman Amtower

14. BIRTHPLACE (city or town)  
(State or country)

West Virginia

15. MAIDEN NAME Ada V. Reed

16. BIRTHPLACE (city or town)  
(State or country)

West Virginia

17. INFORMANT MEMORIAL HOSPITAL  
(Address) Cumberland, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Hill Crest Cemetery Date April 1, 1931

19. UNDERTAKER G. S. Battles

(Address) Cumberland

20. FILED March 31, 1931 Harvey W. Tamm

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 30,  
(Month)1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
3-28-31 19 to 3-30-31, 19I last saw him alive on 3-30-31, 19; death is said  
to have occurred on the date stated above, at 4:03 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Second degree burns  
Fire - hot body &  
extremities  
(House fire)Date of onset  
3/28/31.Other Contributory Causes of importance:  
A kennia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cleaned Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. L. Brown

(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County... allegany

02701

STATE OF MARYLAND  
CERTIFICATE OF DEATHVillage or City Frostburg (No.)Registration Dist. No. 9

## 2 FULL NAME

Ada Belle Atkinson

St.: \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

Female white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Oct 9, 1878  
(Month) (Day) (Year)

7 AGE

52 yrs. 4 mos. 21 ds. or min.?

If LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

HousewifeOrion Rose

## 9 BIRTHPLACE

(State or country)

Somerset Co Pa.

## PARENTS

## 10 NAME OF FATHER

Jessie Somer.

## 11 BIRTHPLACE OF FATHER

(State or country)

? unknown

## 12 MAIDEN NAME OF MOTHER

Linda Kandell

## 13 BIRTHPLACE OF MOTHER

(State or country)

unknown

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John L Atkinson

(Address)

Frostburg Md

15 Filed

3 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 1, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

that I last saw h alive on

and that death occurred on the date stated above, at 10:05 P.M.

The CAUSE OF DEATH was as follows:

Probably acute cardiac dilation

(Duration) yrs. mos. ds.

Contributory Secondary

? yrs. mos. ds.

(Signed) Wm. L. Ladd M. D.  
Mar 2, 1931 (Address) Frostburg Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Union Cemetery Myersdale Pa.  
UNFORTAKER ADDRESS  
Jacob Reifer Frostburg Md

DATE OF BURIAL

March 4, 1931

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

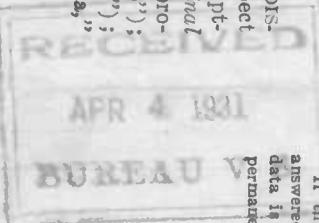
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Hausfrau*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Chopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

**N. B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD**

## 1 PLACE OF DEATH

County alleganyVillage or City Cumbelnd Rd (No.)

## 2 FULL NAME

Stillborn BeighlySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED.  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

Mon 24, 1931  
(Month) (Day) (Year)

7 AGE

stillbornIf LESS than  
1 day ... hrs.  
... yrs. ... mos. ... ds. or ... min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
✓  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) 9 BIRTHPLACE  
(State or country)allegany Co, Md10 NAME OF  
FATHERArthur Lamery11 BIRTHPLACE  
OF FATHER  
(State or country)Ind.12 MAIDEN NAME  
OF MOTHERKathryn Beighly13 BIRTHPLACE  
OF MOTHER  
(State or Country)accident

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Aza Beighly

(Address)

Cumbelnd Rd

15 Filed

Mch. 24, 1931. Harvey H.W.

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 24, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
✓ 192 to ✓ 192,

that I last saw h ..... alive on ....., 192

and that death occurred on the date stated above, at ....., m.

The CAUSE OF DEATH \* was as follows:

stillborn  
freud in tract.Contributory  
Secondary(Duration) yrs. mos. ds.  
Thur N flood M. D.(Signed) Mr. 24 1931 (Address) Cumbelnd Rd\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 405 Annett Ave City Baltimore

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
accident and May 26, 1931

20 UNDERTAKER

ADDRESS  
J.C. Weeford Cumbelnd Rd

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

2703

## 1. PLACE OF DEATH

County Allegany  
 Village or City Columbia

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 4

## 2. FULL NAME

Stillborn Bittinger  
 (a) Residence: No. 468 Columbia St. 1 Ward. 1

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male White Single  
 5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
—	—	—	—	—

Mar. 1 '31

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Allegany  
 13. NAME Adam Bittinger

14. BIRTHPLACE (city or town)  
(State or country)

15. MAREN NAME Luna Eugene  
 16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT Adam Bittinger  
 (Address) 468 Columbia St.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Rose Hill Cemetery Date Mar. 2, 1931

19. UNDERTAKER Facing Spring Street  
 (Address) Columbia

20. FILED Mar. 2, 1931 Harvey J. Weiss  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 21 1931  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Born Dead, 19 to 19; death is said

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_; death is said

to have occurred on the date stated above, et al. m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature separation  
of placenta. March  
1-31

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. G. F. Weiss M. D.(Address) Columbia

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### **Example 1**

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	PR 7 1931	
<i>Arteriosclerosis</i>		1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		1921

### Example II

The principal cause of death and related causes of importance were as follows:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Paroxysms</i>	1 week ago

#### Other contributory causes of importance

Cerebral hemorrhage	July 5, 192
Other contributory causes of importance:	
Gallstones	May 1, 192

#### **Other contributory causes of importance**

<i>Peritonitis</i>	<i>3 days ago</i>
<b>Other contributory causes of importance:</b>	
<i>Gastroenteritis</i>	<i>1 year</i>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

M  
T  
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County: Allegany

Village or City: Mt Savage (No.)

## 2 FULL NAME

Elizabeth Blenk

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

widowed

6 DATE OF BIRTH

April 11, 1877  
(Month) (Day) (Year)

7 AGE

53 yrs. 10 mos. 29 ds. or min?

IF LESS than

1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

House work

9 BIRTHPLACE

(State or country)

Md.

PARENTS

10 NAME OF FATHER

George Crump,

(Address)

11 BIRTHPLACE OF FATHER

Wales.

(State or country)

12 MAIDEN NAME OF MOTHER

Mary Ann Davis

13 BIRTHPLACE OF MOTHER

Md.

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm. Blenk

(Address)

Mt Savage Md

15 Filed

3/11 1931 K.J. Bostetter M.D.  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 10

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 10, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...,

that I last saw h alive on 192...,

and that death occurred on the date stated above, at 8 P.M.  
The CAUSE OF DEATH \* was as follows:Did not see cause, sudden  
death. Possibly a  
Heart Condition.

(Duration) yrs mos ds.

Contributory  
Secondary

(Duration) yrs mos ds.

(Signed) H.J. Bostetter M.D.  
Mar 11 1931 (Address) Mt Savage Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos ds.

In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt Savage Md 3/14 1931  
DATE OF BURIAL

20 UNDERTAKER

Jacob Hafner ADDRESS  
Huntington Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral-hospital Fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 21 1931

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.* of . . . . . (name origin, etc.); *"Cancer"* is less definite; avoid use of "*Tumor*" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02705

## 1. PLACE OF DEATH

County Allegany  
Village or City CumberlandWITHIN CORPORATE LIMITS 210  
No. Memorial 2705 St. 6 Ward 4Registration Dist. No. 4

Length of residence in city or town where death occurred

57 yrs.

5 mos.

12 days

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Loyal H. Bogg(a) Residence: No. 468 Baltimore Ave. St. 5 Ward. 5

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (*write the word*) Married5a. If married, widowed, or divorced  
HUSBAND of Mona6. DATE OF BIRTH (month, day, end year) Sept 26 18737. AGE 57 Years 5 Months 12 Days If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Sitter  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Cemetery  
10. Date deceased last worked at  
this occupation (month and  
year) Sept 17 / 31 11. Total time (years)  
spent in this  
occupation 2 1/2 yrs12. BIRTHPLACE (city or town)  
(State or country) Ind.13. NAME Bonita Bogg14. BIRTHPLACE (city or town)  
(State or country) Ind.15. MAIDEN NAME Bonita Kifer16. BIRTHPLACE (city or town)  
(State or country) Ind.17. INFORMANT Loy Bogg  
(Address) Cumberland, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Ash Hill Cem. Date Mar 11, 193119. UNDERTAKER Louis Stein Son  
(Address) Cumberland20. FILED Mar. 11, 1931 Harvey & Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March(Month) 8 (Day)

, 1931 (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1931 to March 8, 1931.  
I last saw him alive on March 7, 1931, death is said  
to have occurred on the date stated above, et al. 8 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronch. pneumonia

Other Contributory Causes of importance:

Auto accident -

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 3-1, 1931Where did injury occur? Frankfort Road 2 miles from Cumberland

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public roadManner of injury Auto accidentNature of injury Sharp fractures (multiple) of shoulder + elbowalso at 8-9 ft. fall on top of head + leg.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. Wilson M. D.(Address) 207 Main Street, Cumberland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	BUREAU V.S.	Date of onset	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928	Other contributory causes of importance:
		Gastroenteritis

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02706

**S**  
**M**  
**V. S. No. 1**  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland

WITHIN CORPORATE LIMITS

Registration Dist. No. 4

St. 6-1 Ward

No. Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Steelborn Bopp

(a) Residence: No.

Bedford Road

Ward. 4

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. It married, widowed, or divorced

HUSBAND or  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Mar. 23-1931

7. AGE Years Months Days

It LESS than  
1 day,      hrs.  
or      min.

Steelborn

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

Cumberland, Md.

MOTHER

FATHER

13. NAME ELMER BOPP

14. BIRTHPLACE (city or town)  
(State or country) MARYLAND

15. MAIDEN NAME JOANNA WARD

16. BIRTHPLACE (city or town)  
(State or country) WEST VIRGINIA17. INFORMANT MEMORIAL HOSPITAL  
(Address) Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Cem. Date Mar. 25 31

19. UNDERTAKER

(Address)

John L. Tolford  
Cumberland, Md.

20. FILED

Date

Mar. 25, 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 23

(Month) (Day)

, 1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar. 23, 1931, to Mar. 31, 1931

I last saw her alive on March 31, 1931; death is said to have occurred on the date stated above, at 8:05 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity  
Intra-Uterine asphyxia

Date of onset

Other Contributory Causes of importance:

Name of operation      Date of

What test confirmed diagnosis Ph. Exam.      Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury      19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Knight Reynolds  
(Address) 1228 Castle St.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECE Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

(17)

02707

## 1. PLACE OF DEATH

County ALLEGHENY

WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Village or City CUMBERLAND, MD.

MEMORIAL HOSPITAL

4

6-1 Ward

Length of residence in city or town where death occurred

7

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME MELVIN BRADOUR

(a) Residence: No. R.F.D. #1 CUMBERLAND, MD.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

SINGLE

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

JUNE, 29, 1924

7. AGE

6

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8

28

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

STUDENT

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MARYLAND

MOTHER

FATHER

13. NAME LeROY BRADOUR

MARYLAND

14. BIRTHPLACE (city or town)  
(State or country)

RETTA KEEFER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

PENNSYLVANIA

17. INFORMANT MEMORIAL HOSPITAL  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Cemetery Date Mar. 29, 1931

19. UNDERTAKER

(Address)

20. FILED

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02768

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Allegheny

WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Village or City

Cumberland

81

5

Ward

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Susan Britton

(a) Residence: No. 505 Balt. Ave St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Widowed

6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

James Britton

6. DATE OF BIRTH (month, day, and year)

Jan 17-1860

7. AGE Years Months Dey's If LESS than  
1 day, hrs. or min.

71 2 3

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House duty

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Virginia

13. NAME Ephraim Bee

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MADIOEN NAME Susan Bee

16. BIRTHPLACE (city or town)

(State or country)

Virginia

17. INFORMANT Mrs. C. A. Milroy

(Address)

Piedmont, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkersburg, W. Va.

Date 3/20/1931

19. UNDERTAKER Harmon Bros

(Address)

Piedmont, W. Va.

20. FILED March 20, 1931, Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 19th, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw h. alive on 19; death is said to have occurred on the date steted above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Organic Heart Disease. Said has had several occurrences but did not prescribe for her

Data of onset

Other Contributory Causes of importance:

no antitoxin serum administered

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Dr. H. A. Grant

Anchors and Nails

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County Allegany

WITHIN CORPORATE LIMITS OF

Village or City Westerport (No.)

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH

7 AGE

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

March 5 1921

J. J. P. A. T. Registrar

## 02709 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 47

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 3, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Feb. 26, 1921, to Mar. 3, 1921

that I last saw him alive on Mar. 3, 1921,

and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH \* was as follows:

Influenza

(Duration) yrs. mos. ds.

Contributory Secondary  
Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. J. P. A. T. Although M. D.

Mar. 4, 1921 (Address) Maxfield Ave.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Peter's Cemetery Mar. 3, 1921

20 UNDERTAKER

J. J. P. A. T. ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

10 This certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 4 1931

MARGIN RESERVED FOR BINDING  
ONLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Allegany</u>		WITHIN CORPORATE LIMITS OF	
Village or City <u>Frostburg</u> (No. <u>Miners Hospital</u> )		St. <u>82A</u>	Registration Dist. No. <u>9</u>
2 FULL NAME <u>Jessie R. Burton</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<u>Widowed</u>
5 DATE OF BIRTH <u>Feb 10</u>		(Month) <u>10</u>	(Day) <u>1857</u>
6 AGE <u>74 yrs.</u>		If LESS than 1 day..... hrs. or..... min.	
7 OCCUPATION (a) Trade, profession or particular kind of work <u>Chef au Pois</u>		(b) General nature of industry business, or establishment in which employed or (employer) <u>Private Home</u>	
8 BIRTHPLACE (State or country) <u>Ind</u>		9 NAME OF FATHER <u>John W. Burton</u>	
10 BIRTHPLACE OF FATHER (State or country) <u>Un known</u>		11 BIRTHPLACE OF MOTHER (State or country) <u>Un known</u>	
12 MAIDEN NAME OF MOTHER <u>Jane McKenzie</u>		13 BIRTHPLACE OF MOTHER (State or country) <u>Un known</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs Janet Richardson</u> (Address) <u>Pittsburgh Pa.</u>			
15 Filed <u>3/30 1931</u>	D. M. Lewin M. D. <u>McLain</u>	Registrar	

02710

STATE OF MARYLAND  
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 27, 1931  
(Month) Mar (Day) 27 (Year) 1931

17 I HEREBY CERTIFY, That I attended the deceased from 3/26 1931 to 3/27 1931, that I last saw him alive on 3/29 1931, and that death occurred on the date stated above, at 11.56 A.M. The CAUSE OF DEATH \* was as follows:

Ovaral Hemorrhage

(Duration) 1 yrs. 0 mos. 0 ds.

Contributory Secondary

(Signed) D. M. Lewin M. D. (Address) Frostburg Md M. D.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death yrs. . . . . mos. . . . . ds. In the State yrs. . . . . mos. . . . . ds.

Where was disease contracted, if not at place of death? Frostburg

Former or usual residence 4

19 PLACE OF BURIAL OR REMOVAL Allegany Cem DATE OF BURIAL Mar 31, 1931

20 UNDERTAKER J. J. Durst ADDRESS Frostburg

If more blanks are needed, address State Registrar, 16 W. Baratoga St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-

APR 4 1931

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cancer, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *a. Pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*; *accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensit*, *teatus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Alleghany

## WITHIN CORPORATE LIMITS

Village or City Cumberland (No. 4)

02711

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4

## 2 FULL NAME

George W. Bush

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word)

MaleWhiteMarried

6 DATE OF BIRTH

Nov. 16 1862  
(Month) (Day) (Year)

7 AGE

68 yrs. 3 mos. 20 ds. or min.?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

LaborerRailroad9 BIRTHPLACE  
(State or country)Bedford Co., Pa.

10 NAME OF FATHER

Charles H. Bush11 BIRTHPLACE OF FATHER  
(State or country)Germany

12 MAIDEN NAME OF MOTHER

Rachel Hildebrandt13 BIRTHPLACE OF MOTHER  
(State or Country)Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Geo. W. Bush(Address) Hendman, Pa.

15

Filed Dec. 6, 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 6, 1931, 192  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from 3-2-31 to 3-6-31, 192, and that I last saw him alive on 3-6-31, 192.and that death occurred on the date stated above, at 10 A.M.  
The CAUSE OF DEATH \* was as follows:Intestinal Obstruction  
due to volvulusContributory  
SecondaryHypostatic Pneumonia

(Duration) yrs. mos. ds.

(Signed) C. J. Zimmerman M. D.  
3-6-31 192 (Address) Cumberland, Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death Hendman, Pa.Former or usual residence Hendman, Pa.19 PLACE OF BURIAL OR REMOVAL Hendman, Pa. DATE OF BURIAL Dec. 8, 193120 UPTAKER C. L. A. Sides

ADDRESS

Hendman, Pa.

# REvised UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conva," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

(N.B.) Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County

allegany

WITH CORPORATE LIMITS

93-C

02712

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

Village or City

Frostburg

(No. 144 mechanism)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Mrs Josephine Bush

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Female

Colored

widow

6 DATE OF BIRTH

? ? 1?

(Month) (Day) (Year)

7 AGE

77

yrs.

mos.

ds.

or min.?

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work *None*  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Md.

10 NAME OF FATHER

Carter

11 BIRTHPLACE OF FATHER  
(State or country)

U.S.A.

12 MAIDEN NAME OF MOTHER

Tucker

13 BIRTHPLACE OF MOTHER  
(State or country)

U.S.A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eugene Bush Jr

(Address)

Frostburg Md

15 Filed

2/13/31 D. M. Lane

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 12

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 1 1931 to Mar 12 1931,

that I last saw her alive on Mar 10 1931, and that death occurred on the date stated above, at 12:30 P.M. The CAUSE OF DEATH \* was as follows:

Chronic myocarditis  
Hypertension

(Duration) Several yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) *Eugene Bush Jr* M. D.

Mar 12 1931 (Address) Frostburg Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was deceased contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

allegany cemetery Frostburg

20 UNDERAKER

DATE OF BURIAL

Mar 15, 1931

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Panzer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmama*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

RECEIVED

APR 4 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Septicemia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02713

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS 157-d Registration Dist. No. 4Village or City Cumberland No. Allegany Hospital St. 4 Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Betty Elizabeth Campbell(a) Residence: No. 22 RobertsSt. 6-3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

4. COLOR OR RACE Female White Single  
5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Carlile Campbell

## 13. NAME

South Carolina

## 14. BIRTHPLACE (city or town)

(State or country)

Leonard Hampton

## 15. MAIDEN NAME

North Carolina

## 16. BIRTHPLACE (city or town)

(State or country)

Carlile Campbell

## 17. INFORMANT

22 Roberts 87- City

## 18. BURIAL, CREMATION, OR REMOVAL

Cumberland WVa Date Mar 16, 1931

## 19. UNDERTAKER

George Steige Lee

(Address)

Cumberland Ward

## 20. FILED

Mar 16, 1931 Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 14 1931 Year

## 22. I HEREBY CERTIFY, That I attended deceased from

March 13 1931 to March 14 1931; death is saidto have occurred on the date stated above, at 4:00 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were, as follows:Congenital Atria of Colon Date of onset

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) R. C. Gower M. D.(Address) Cumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I APR 7 1931

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

02714

## 1. PLACE OF DEATH

County ALLEGANY

Village or City CUMBERLAND

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Frank Carley

(a) Residence: No. 37 N. Mechanic Street  
(Usual place of abode)

Registration Dist. No. 4

No. MEMORIAL HOSPITAL

St. 6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
about 50				

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Foreman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	W. Md. R.R. Yards
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Kentucky

13. NAME Frank Carley

14. BIRTHPLACE (city or town)  
(State or country) Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT MEMORIAL HOSPITAL  
(Address) CUMBERLAND, MARYLAND

## 18. BURIAL, CREMATION, OR REMOVAL

Place Shellyville date Mar. 28, 1931

19. UNDERTAKER Orris Newell  
(Address) Cumberland, Md.20. FILED Mch 28 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 26,  
(Month)

(Day)

1931  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
3-26-31, 19, to 3-26-31, 19; death is said

to have occurred on the date stated above, at 10:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral apoplexy.

Data of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. Blawie M.D.  
(Address) Frederick Body

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02715

## 1. PLACE OF DEATH

County

Allegany

Outside of

Registration Dist. No.

4

Ward

Village or City

Cumberland

City Limits R. F. D.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Belford Road

(Usual place of abode)

## MEDICAL CERTIFICATE OF DEATH

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 18 '31

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Name  
11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME

Eugene L. Carney

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Pearl J. Rosemarie

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

Eugene L. Carney

(Address)

Belford Rd. Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place

Cremation

Date

March 18, 1931

19. UNDERTAKER

Lynn Stain

(Address)

Cumberland, Md.

20. FILED

March 18, 1931

Harvey H. Weiss

## 21. DATE OF DEATH

March 18

(Month)

(Day)

1931

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

March 18, 1931 to March 18, 1931

I last saw h. m. alive on March 18, 1931; death is said to have occurred on the date stated above, at 1:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth &  
hemorrhage (7 mos intrauterine 1/5/31)

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury —, 19 —

Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

W.H. Hodder M.D.  
Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

**RECEIVED**

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	APR 7 1923
Cerebral hemorrhage	July 5, 1927

**BUREAU V. S.**

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1928

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02716

## 1. PLACE OF DEATH

County.

allegany WITHIN CORPORATE LIMITS (115)

Registration Dist. No. 4

Village or City.

Cumberland

St.

Ward

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

ds.

## 2. FULL NAME.

(a) Residence: No.

John R. Cesona

112 Charles

St.

4 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Divorced

6e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

About 1866

7. AGE Years Months Days It LESS than  
about 65 — — 1 day, . . . hrs.  
or . . . min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Retired Engineer

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

R.R.C.

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town).  
(State or country)

Pa

13. NAME

Jacob Cesona

14. BIRTHPLACE (city or town).  
(State or country)

Pa

15. MAIDEN NAME

Mary Krichbaum

16. BIRTHPLACE (city or town).  
(State or country)

Pa

17. INFORMANT

Thos. B. Cesona

(Address)

no damage Med.

18. BURIAL, CREMATION, OR REMOVAL

Crem.

Place: Rose Hill Date: Apr. 1, 1931

19. UNDERTAKER

Loyd Stevens

(Address)

Cumberland Md

20. FILED

Apr. 2, 1931 Harvey H. Deiss

(Address)

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 31, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

19. . . . to 19. . . .; death is said

I last saw h. . . . alive on 19. . . .; death is said  
to have occurred on the date stated above, at . . . . m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:7. factors of disease in  
3 places. — Hernomeningo-  
itis brainHit over head with blunt instrument  
(Murder) Cerebr.

Other Contributory Causes of importance:

Name of operation . . . . Date of . . . .

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Murder Date of injury Mar. 31, 1931

Where did injury occur? 212 Charles St

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury . . . .

Nature of injury 14 rounds on head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Thos. B. Cesona

(Signed) (Address) M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 7 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Allegany

Village or City Luke (No.)

2 FULL NAME Edward Jackson Combs

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Widowed

## 6 DATE OF BIRTH

Nov. 9, 1861  
(Month) (Day) (Year)

## 7 AGE

69 yrs. 4 mos. 28 ds. If LESS than  
1 day hrs. or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Retired  
 (b) General nature of industry business, or establishment in which employed or (employer) Inn Keeper

## 9 BIRTHPLACE

(State or country) Hardy County, W. Va.

## 10 NAME OF FATHER

John Combs

## 11 BIRTHPLACE OF FATHER

(State or country) Hardy County, W. Va.

## 12 MAIDEN NAME OF MOTHER

Betty Broack

## 13 BIRTHPLACE OF MOTHER

(State or Country) Hardy County, W. Va.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Eston Combs

(Address)

Cumberland, Md

## 15

Filed 3-7-1931 J. A. Abbott Registrar

02717

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 6T

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 7, 1931

(Month) 7 (Day) (Year) 31

## 17 I HEREBY CERTIFY, That I attended the deceased from

Mar 7, 1931 to , 1931,

that I last saw him alive on March 7, 1931,

and that death occurred on the date stated above, at 8:10 A.M.

The CAUSE OF DEATH \* was as follows:

Struck by train

Passenger train

Instead

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) J. G. Stalbaum M. D.

37, Piedmont, N.C. (Address)

\* State the Disease Causing Death, or, In deaths from

Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Pine Grove Cemetery, Pine Grove, W. Va.

## 20 UNDERTAKER

W. H. Fredlock

## DATE OF BURIAL

March 9, 1931

## ADDRESS

Piedmont, W. Va.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group" *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 4 1931

BURE

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02718

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

N-a  
WITHIN CORPORATE LIMITS

Registration Dist. No.

4

Memorial Hosp. St. 6-1

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Harry Elbridge Cook

(a) Residence: No.

7 Pine Ave Et. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND OF

(Name of wife)

Ruth Cook

6. DATE OF BIRTH (month, day, and year)

Feb 4 - 1891

7. AGE

Years

40

-

Months

24

-

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAW MILL, BANK, etc.

9. Industry or business in which work was done, as SILK MILL,

Bellman

Hotel

10. Date deceased last worked at

about Feb 25/31

This occupation month and

11. Total time (years)  
spent in this  
occupation

12 yrs

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER

FATHER

13. NAME

Thomas E Cook

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Elmira Hailor

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Dr Ruth Cook

18. BURIAL, CREMATION, OR REMOVAL

Place

Rose Hill Cem.

Data Mar 4, 1931

19. UNDERTAKER

(Address)

Louie Hailor

20. FILED

Mch. 3, 1931

Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March

(Month)

6

(Day)

, 1931  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb 26, 1931 to March 1, 1931

I last saw h. m. alive on Feb 26, 1931; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Feb 26, 1931

Other Contributory Causes of importance:

Influenza

Feb 26, 1931

Name of operation

None Date of

What test confirmed diagnosis? Physical chart Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury ..... 19.....

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signatures)

F. Wilson M. D.

(Address) 126 Union Cumberland Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### **Example 1**

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

RECEIVED  
APR 7 1931  
BUREAU V.S.

#### Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

#### **Other contributory causes of importance:**

Gallstones May 1, 1929

#### **Other contributory causes of importance:**

Gastroenteritis 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02719

## 1. PLACE OF DEATH

County alleganyVillage or City Cumberland WITHIN CORPORATE LIMITS 157c Registration Dist. No. 4Length of residence in city or town where death occurred 1 yrs. mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. mos. ds.2. FULL NAME Donald Edward Corbin(a) Residence: No. 222 W FirstSt. 6-2 Ward. 61

(Usual place of abode)

on bus or tv

at T

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> (write the word)
--------------------	-------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
Infant

6. DATE OF BIRTH (month, day, end year) March 10-1931

7. AGE	Years	Months	Days	If LESS than 1 day, <u>1/3</u> hrs. or <u>min.</u>
--------	-------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town)  
(State or country) Cumberland  
allegany Co. Md.13. NAME Arthur Edward Corbin14. BIRTHPLACE (city or town)  
(State or country) Romney  
W. Virginia Co.15. MAIDEN NAME Mary Reitmeier16. BIRTHPLACE (city or town)  
(State or country) Cumberland  
allegany Co.17. INFORMANT Master  
(Address) 222 W First St.18. BURIAL, CREMATION, OR REMOVAL Burial  
Place Cumberland Date March 11, 193119. UNDERTAKER Garrison Stein & Son  
(Address) Cumberland20. FILED March 11, 1931, Harvey H. Weiss

Registrar.

Date of death  
March 10, 1931

## 21. DATE OF DEATH

March 10-

(Month)

(Day)

1931  
(Year)22. I HEREBY CERTIFY That I attended deceased from 2<sup>nd</sup> am. March 10, 1931 to 3<sup>rd</sup> pm. March 10, 1931I last saw him alive on March 10-1931 P.M., 1931; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Patient foremen Iwall -

Other Contributory Causes of Importance:

None

Name of operation

Date of Operation March 10, 1931 Was there an eu opsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury March 10, 1931

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Mr. Blake, M. D.(Address) 122 Bedford St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

APR 7 1931  
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02720

## 1. PLACE OF DEATH

County AlleganyVillage or City Bumblenland

WITHIN CORPORATE LIMITS (23)

Registration Dist. No. 4Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? years mos. ds.2. FULL NAME Jacob Addison Daniels(a) Residence: ND. 113 Grand Ave

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MaleWhiteMarrried

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofPatience

6. DATE OF BIRTH (month, day, end year)

Sept 2 - 1868

7. AGE

Years 62Months 6Days 9If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Engineer  
Baltimore & Ohio R.R.  
8 month11. Total time (years)  
spent in this  
occupation 25 yrs12. BIRTHPLACE (city or town)  
(State or country)Md

13. NAME

John Daniels

14. BIRTHPLACE (city or town)

West Va

15. MAIDEN NAME

Sarah Marker

16. BIRTHPLACE (city or town)

West Va

17. INFORMANT

Patience Daniels(Address) 113 Grand Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date Mar 14, 1931

19. UNDERTAKER

Louis Etting Inc(Address) Bumblenland Md

20. FILED

Mar. 13, 1931

Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

3 - 11 - 1931  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from 11 - 9 - 1930 to 3 - 11 - 1931I last saw him alive on 3 - 15 - 1931; death is said  
to have occurred on the date stated above, at 8:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Tuberculosis  
Malaria  
Tuber-cerosis

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. L. J. Williams  
Bumblenland, Md.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

02721

## 1. PLACE OF DEATH

County

Allegany

(95-5)

Registration Dist. No.

4

Village or City

Bedfordland

ND.

St.

Ward

Length of residence in city or town where death occurred

about

30 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

If death occurred in a hospital or institution, give its NAME instead of street and number

NAME

If nonresident give city or town and State

## 2. FULL NAME

(a) Residence: ND.

349 Bedford St.

4 Ward.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,

Male

white

OR DIVORCED (write the word)

HUSBAND

of

(or) WIFE of

Mary Darr

6. DATE OF BIRTH (month, day, and year)

July 29-1860

7. AGE

Years

Months

Days

If LESS than

70

07

3

1 day, hrs.

or min.

8. OCCUPATION

kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Building Contractor

9. INDUSTRY or business in which

work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Retired

10. Date deceased last worked at

this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Va

13. FATHER

NAME

Allen H. Darr

14. MOTHER

BIRTHPLACE (city or town)

(State or country)

Va

15. MAIDEN NAME

Catherine Darr

16. BIRTHPLACE (city or town)

(State or country)

Va

17. INFORMANT

(Address)

Dr. Henry Darr

18. BURIAL, CREMATION, OR REMOVAL

(Address)

349 Bedford St. City

Place

Rose Hill Cemetery Date Mar. 3, 1931

19. UNDERTAKER

(Address)

Louis Steiner Inc.

20. FILED

(Address)

Mar. 3, 1931 Harvey H. Weiss

Registrar.

WITHIN CORPORATE LIMITS

ND.

St.

Ward

St.

Ward

If death occurred in a hospital or institution, give its NAME instead of street and number

NAME

If nonresident give city or town and State

## 21. DATE OF DEATH

Mar.

1

1931

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY

Mar. 1

1931

Mar. 1, 1931

to

I last saw him alive on

Mar. 1

1931

; death is said

to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Acute heart attack

Acute dilatation  
was only six days ago

Other contributory causes of importance:

Bronchitis organic heart  
disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

X

Date of Injury

19

Where did injury occur?

-

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

-

Nature of injury

-

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

X

That it was

(Signed)

Came back to me

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	BUREAU V. S. 1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset 1915
Chronic interstitial nephritis	BUREAU OF	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02723

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County allegany No. \_\_\_\_\_ Registration Dist. No. X 2  
 Village or City Flintstone, Md. St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Stillborn Dernmer

(a) Residence: No. Flintstone, Md. St. Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MaleWhiteSingle

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Mar 4 1931

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)md

## 13. NAME

Marshall Dernmer14. BIRTHPLACE (city or town)  
(State or country)pa

## 15. MAIDEN NAME

Adna Fisher16. BIRTHPLACE (city or town)  
(State or country)md

## 17. INFORMANT

(Address)

Marshall DernmerFlintstone, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Pro Party, Md.Date Mar 5, 1931

## 19. UNDERTAKER

(Address)

John D. WelfordFlintstone, Md.

## 20. FILED

Date Mar 5, 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mo. 4  
(Month)Day 19  
(Day)Year 1931  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_, death is said

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_, to have occurred on the date stated above, et \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

still born

Date of onset

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_-

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John D. Welford M. D.(Address) Flintstone, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	APR 4 1931	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V.S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02724

## 1. PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS (47)

Registration Dist. No. 4

Village or City Cumberland, Md

No. 107. South St

St. 6-2

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Missouri. Dever

(a) Residence: No. 107 South St. 26-2

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White.	Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

George Dever

## 6. DATE OF BIRTH (month, day, and year)

Aug. 26. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70	7	3		

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At Home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Wva

13. NAME	John Ullun

14. BIRTHPLACE (city or town) (State or country)	Wva

15. MAIDEN NAME	Susan Ward

16. BIRTHPLACE (city or town) (State or country)	Wva

17. INFORMANT	Mrs Grover Reed
	Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL	Place Dever Cemetery Date Mar. 31, 1931

19. UNDERTAKER	John C. Wolford
	Cumberland, Md

20. FILED	Mar. 30, 1931 Harvey H. Weise
	Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar. 29. 1931  
(Month) (Day)193  
(Year)

22. I HEREBY CERTIFY That I aforesaid deceased from Mar. 9, 1930, to Mar. 29, 1931, I last saw him alive on Mar. 29, 1931; death is said to have occurred on the date stated above, et al. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death  
lung of right

Date of onset

out

Other Contributory Causes of importance:

and

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury 19-

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ed Raphael M.D.  
Cumberland, Md  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

SPR 7 1931

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis BUREAU V. S.

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Allegany

02725

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

Village or City

Lonaconing (No.)

82-a

## 2 FULL NAME

Doris Jean Dick

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female (White)

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Feb. 3, 1960  
(Month) (Day) (Year)

7 AGE

71 yrs. 1 mos. 5 ds. or min.?

If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work.....  
(b) General nature of industry  
business, or establishment in  
which employed or (employer).....

Housewife

9 BIRTHPLACE  
(State or country)

West Virginia

10 NAME OF  
FATHER

John Scott

11 BIRTHPLACE  
OF FATHER  
(State or country)

Scotland

12 MAIDEN NAME  
OF MOTHER

Agnes Harper

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Arch. Stewart

(Address) Lonaconing Md.

15 Filed

3/10 1931 E. Orr Flanagan

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 8th, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
March 7th, 1931 to March 8th, 1931,

that I last saw her alive on March 7th, 1931, and that death occurred on the date stated above, at 4 P.M. The CAUSE OF DEATH \* was as follows:

Cerebral edema

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Dr. D. Shilling M.D.

(Address) March 9th, 1931, Lonaconing Md.

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Oak Hill Cemetery May 11, 1931

DATE OF BURIAL

20 UNDERTAKER

M. Orchard Lonaconing Md.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Retired (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

1934

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

*Tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meades*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE and CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County AlleganyVillage or City Zehlman (No.)2 FULL NAME William Downton

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

May 21, 1850  
(Month) (Day) (Year)

7 AGE

80 yrs. 10 mos. 9 ds. or min?

If LESS than  
1 day... hrs.  
or min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Miner of Coal  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) Mining Co.

9 BIRTHPLACE

(State or country) England10 NAME OF  
FATHERNot Known11 BIRTHPLACE  
OF FATHER(State or country) England12 MAIDEN NAME  
OF MOTHERNot Known13 BIRTHPLACE  
OF MOTHER(State or Country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Abe Winfield(Address) Zehlman Md.15 Filed 3/30/31 L.H.O. M.Lane

Registrar

62726

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 9St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institu-  
tion, give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mch (Month) 30 (Day) 1931 (Year) 19217 HEREBY CERTIFY, That I attended the deceased from  
Mch 28 1931 to Mch 30 1931that I last saw him alive on Mch 28 1931,  
and that death occurred on the date stated above, at 5:45 p.m.  
The CAUSE OF DEATH was as follows:Chronic Endocarditis(Duration) 8 yrs. mos. ds.Contributory  
Secondary(Duration) 8 yrs. mos. ds.(Signed) J. L. Conroy M. D.  
Mch 30 1931 (Address) Porter Cemetery 728\*State the Disease causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)At place of death yrs. mos. ds. In the State yrs. mos. ds.Where was disease contracted,  
if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Porter Cemetery DATE OF BURIAL  
April 1, 1931

20 UNDERTAKER ADDRESS

Jacob Hafer John J. Hafer

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

(Approved by U. S. Census and African Fable)

U. S. Census and the  
Health Association.)

**Statement or Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None*.

unguaned, is indolent; *Inoculation*, *Suicide*, *Self-murder*, etc., of  
vines, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc., of  
use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory  
(secondary, or intercurrent) affection need not be  
stated unless important. Example: *Measles* (disease  
causing death), 29 ds.; *Bronchopneumonia* (secondary),  
10 ds. Never report mere symptoms or terminal condi-  
tions, such as "Asthenia," "Anaemia" (merely symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marsasmus," "Old Age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite disease  
can be ascertained as the cause. Always qualify all  
diseases resulting from childbirth or miscarriage as  
"PUERPERAL septicemia," "PUERPERAL peritonitis," etc.  
State cause for which surgical operation was under-  
taken. For VIOLENT DEATHS state MEANS OF INJURY  
and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL,  
or as *probably* such, if impossible to determine definitely.  
Examples: *Accidental drowning*; *Struck by railway train—*  
*accident*; *Revolver wound of head—homicide*; *Poisoned by*  
*carbolic acid—probably suicide*. The nature of the injury,  
as fracture of skull, and consequences (e.g., sepsis,

**Recom-** mended may be stated under the head of contributory causes of death. Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Housmand, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer retired 6 yrs.* For persons who have no occupation whatever, write *None*.

*fever* (t) is only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 4 1931

# BUREAU VI

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02727

## 1. PLACE OF DEATH

County AlleganyVillage or City CumberlandWITHIN CORPORATE LIMITS *92-a*Registration Dist. No. *4*Length of residence in city or town where death occurred 25 yrs.No. 309 Spring Ave ab-21 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. 0 ds. 0 How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Rachael Virginia Eakles(a) Residence: No. 309 Spring Ave St. b-21 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE ofJohn H. Eakles

6. DATE OF BIRTH (month, day, and year)

Oct. 20 1860

7. AGE

Years

5

Months

5

Days

2

If LESS than

1 day,      hrs.

or      min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

HousewifeNone.

12. BIRTHPLACE (city or town)

(State or country)

W. Va.

MOTHER FATHER

13. NAME

Elijah Eakles

14. BIRTHPLACE (city or town)

(State or country)

W. Va.

15. MAIDEN NAME

Eliza Matis

16. BIRTHPLACE (city or town)

(State or country)

W. Va.

17. INFORMANT

(Address)

Edgar Eakles

18. BURIAL, CREMATION OR REMOVAL

(Place)

Bethel N.Y. Jan 24, 1931

19. UNDERTAKER

(Address)

Lewis Stein, Inc.

20. FILED

(Date)

Mch 23, 1931 Harvey H. Weiss

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mch 22  
(Month) 1931  
(Day) 1  
(Year)22. I HEREBY CERTIFY. That I attended deceased from Jan 2, 1931 to Mar 21, 1931Last saw h. dead alive on Mar 21, 1931; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Vulnerar  
Heart disease  
about  
Jan  
1929

Other Contributory Causes of importance:

Gente Circula  
alititation  
March 21  
1931Name of operation no

Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? noDate of injury no 1931

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Mrs Queen M. D.  
(Signed) Registrator  
(Address) 133 W. Main

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLENTY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County allegany WITHIN CORPORATE LIMITS OF

Village or City Frostburg (No. 149 Wood)

## 2 FULL NAME

Wm Farnady

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

male

## 4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED  
(Write the word)

married

## 6 DATE OF BIRTH

Mar 17, 1876  
(Month) (Day) (Year)

## 7 AGE

54 yrs. 11 mos. 13 ds. If LESS than  
1 day hrs.

## OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

Lake worker

9 BIRTHPLACE  
(State or country)

Md

## 10 NAME OF FATHER

Wm Farnady

## 11 BIRTHPLACE OF FATHER

Md.

(State or country)

## 12 MAIDEN NAME OF MOTHER

Sally Bone

## 13 BIRTHPLACE OF MOTHER

Md

(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm Farnady Jr

(Address)

Frostburg Md

## 15 Filed

2/13 1931

Dr H. O. Malone

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 13, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

Mar 8, 1931 to Mar 13, 1931

that I last saw him alive on Mar 13, 1931

and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH \* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

Contributory Secondary

Bronchitis pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Wm McLane Jr M. D.

Mar 13, 1931

(Address) Frostburg

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

allegany cemetery Frostburg

## DATE OF BURIAL

Mar 15, 1931

## 20 UNDERTAKER

J. J. Durst

## ADDRESS

Frostburg

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hauskeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (Retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *... pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02729

## 1. PLACE OF DEATH

County AlleghenyVillage or City Cumberland53  
WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Length of residence in city or town where death occurred 35 yrs.

No. 13 Decatur St., 4 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Sanford S. Fisher(a) Residence: No. 13 Decatur

(Usual place of abode)

St. 4 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofFlorence D.

## 6. DATE OF BIRTH (month, day, and year)

7. AGE Years <u>78</u>	Months <u>9</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------------	--------------------	------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Broker</u>	11. Total time (years) spent in this occupation <u>35</u>
---	---

9. Industry or business in which a work was done, as SILK MILK, SAW MILL, BANK, etc. <u>Store</u>
---

10. Date deceased last worked at this occupation (month and year) <u>1928</u>
---

12. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>
---

13. NAME <u>John D Fisher</u>
-------------------------------

14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>
--

15. MAIDEN NAME <u>Margaret Cressap</u>
---

16. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>
---

17. INFORMANT <u>Florence D. Fisher</u> (Address) <u>Cumberland</u>
--

18. BURIAL, CREMATION, OR REMOVAL Place <u>Rose Hill Cemetery</u> Date <u>Dec 11, 1931</u>
---

19. UNDERTAKER <u>Simo Stein Inc</u> (Address) <u>Cumberland</u>
---

20. FILED <u>Dec 11 1931 Harvey H. Weiss</u> Registrar
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 8, 1931 (Month Day Year)

22. I, John D Fisher, hereby certify, That I attended deceased from March 8, 1931, to March 8, 1931.I last saw him alive on 3-8-31, 1931; death is said to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of neckabdomen  
uterus  
ovaryOther contributory causes of importance:  
Secondary anæmia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. Zimmerman M. D.  
(Address) 110 S. Centre St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be turned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods could be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. In related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
arteriosclerosis	APR 7 1931	1915
chronic interstitial nephritis		1921
cerebral hemorrhage	BUREAU V.S.	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
	Peritonitis	3 days ago
Other contributory causes of importance:		
allstones	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

M.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02730

## 1. PLACE OF DEATH

County AlleganyVillage or City Cumberland

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

WITHIN CORPORATE LIMITS  
(21)Registration Dist. No. 4No. Inverness Hospital 6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Douglas Percy Ford(a) Residence: No. 218 Glen

St. 4 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE ofClara

6. DATE OF BIRTH (month, day, end year)

July 14 1868

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Steam Fitter  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
Baltimore & Ohio R.R.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)Ind  
John Ford

MOTHER

FATHER

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany  
Village or City Lonaconing (No.)

02731

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 8

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(13)

2 FULL NAME Rosina Justina Fresh

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Female White

Single

6 DATE OF BIRTH

Nov 26, 1928  
(Month) (Day) (Year)

7 AGE

2 yrs. 3 mos. 14 ds. or min.

If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or county)

Maryland

10 NAME OF FATHER

William Joseph Fresh

11 BIRTHPLACE OF FATHER

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Sonale Ellen Miller

13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. W. Fresh

(Address)

Lonaconing, Md.

15

Filed

5/15/31

192

E. Don Garris

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 13, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar. 12<sup>th</sup> 1931 to Mar. 13<sup>th</sup> 1931,that I last saw her alive on Mar. 12<sup>th</sup> 1931, and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH \* was as follows:

Chronic Pancreatitis  
nephritis

(Duration) 1 yrs. mos. ds.

Contributory  
SecondaryEdna J. Sings

(Duration) yrs. mos. ds.

(Signed) M. McDermott M. D.  
3/13 1931 (Address) Middlefield

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

old Coney  
Cemetery

DATE OF BURIAL

Mar. 15, 1931

20 UNDERTAKER

D. S. Goral

ADDRESS

Baltimore

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only where needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage or as probably such, if impossible to determine exactly. Examples: *Accidental drowning; Struck by railway train-accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02732

## 1. PLACE OF DEATH

County Allegany Outside of 115  
 Village or City Bumbeiland Ind. City Limit RFD No 3 Registration Dist. No. 4  
 If deceased in a hospital or institution, give its NAME instead of street and number  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ellen Gillum

(a) Residence: No. Bedford Rd. R.F.D. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE 9t5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of(Married) Duncan H-6. DATE OF BIRTH (month, day, and year) Aug 25 1880

7. AGE	Years	Months	Days	If LESS than 1 day,      hrs. or      min.
<u>51</u>	<u>6</u>	<u>23</u>		

Housewife8. Trade, profession, or particular  
kind of work, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Pa. Bedford Co.13. NAME Philip Lines

## 14. BIRTHPLACE (city or town)

(State or country)

Pa.15. MAIDEN NAME Lewanna Trail

## 16. BIRTHPLACE (city or town)

(State or country)

Pa.17. INFORMANT Duncan Gillum(Address) Bedford Road R.R. #. 3

## 18. BURIAL, CREMATION OR REMOVAL

Place Tuthorn Cemetery Date Mar 19, 193119. UNDERTAKER John C. Wilson(Address) Bumbeiland Md.20. FILED Mar 19, 1931Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 19

(Month)

(Day)

193 31 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Feb 10 1931, to March 17, 1931; I last saw her alive on March 16, 1931; death is saidto have occurred on the date stated above, at 3 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:InfluenzaDate of onset  
Feb 11-31

## Other Contributory Causes of importance:

Hemorrhage intestinalMarch 12-31Name of operation None Date of                   What test confirmed diagnosis? Clinical Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Data of injury                   , 19          Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury                   Nature of injury                   24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify                   (Signed) J. H. Wilson

M. D.

(Address) 26 Union - Cumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage

BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 4 1931

BUREAU V.

S. V. American Medical Association.)

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

I this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *a. Broncneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory".*



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinning*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 7 1931

BUREAU V

1931

unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *periosteum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Masculis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc., "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celtosis*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly, and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02735

## 1. PLACE OF DEATH

County AlleganyVillage or City Cumberland

Length of residence in city or town where death occurred

11 yrs. 10 mos. 22 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

93-C

Registration Dist. No. 4

No. 209 Smallwood St., Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anna Doris Honck(a) Residence: No. 209 Smallwood St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofnonesingle

6. DATE OF BIRTH (month, day, and year)

Aug 26 19197. AGE Years 11 Months 10 Days 22 If LESS than  
1 day, \_\_\_\_\_. hrs.  
or \_\_\_\_\_. min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Ind13. NAME Anthony J Honck14. BIRTHPLACE (city or town)  
(State or country)Ind15. MAIDEN NAME Helen Orlan16. BIRTHPLACE (city or town)  
(State or country)Ind17. INFORMANT A. J. Honck  
(Address) Cumberland18. BURIAL, CREMATION, OR REMOVAL  
Burial date Mar 23, 193119. UNDERTAKER Tom Stin Joe  
(Address) Cumberland, Md.20. FILED Mar 23, 1931 Harvey H. Seriss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 20, 1931  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from  
Feb 9, 1931, to Mar 20, 1931I last saw her alive on Mar 20, 1931; death is said  
to have occurred on the date stated above, at 10:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic myocarditis Date of onset  
about Prox  
age.

Other Contributory Causes of importance:

Subacute Endocarditis Date of onset  
Feb 9, 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an au opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) P. W. Trosakis M. D.(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	APR 7 1921	1921

BUREAU V.S.	
Other contributory causes of importance:	

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County.....

Allegany

Village or town.....

Red Hill

(No.)

## 2 FULL NAME

Paul Frederick Huff

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

March 9 1931

(Month)

(Day)

(Year)

7 AGE

yrs.

mos.

16

If LESS than  
1 day hrs.  
ds. or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

None

## 9 BIRTHPLACE

(State or country)

Md

## 10 NAME OF FATHER

Frederick Huff

## 11 BIRTHPLACE OF FATHER

(State or country)

Va.

## 12 MAIDEN NAME OF MOTHER

Mary Smith

## 13 BIRTHPLACE OF MOTHER

(State or country)

Va.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Frederick Huff

(Address)

Long Md.

15 Filed

3/28/31 D. J. O. McNamee

Registrar

outside Corporation

02730

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 16

1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 25 1931 to March 25 1931

that I last saw him alive on March 25 1931 and that death occurred on the date stated above, at 10 a.m. The CAUSE OF DEATH \* was as follows:

Acute Bronchitis

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) A. R. Starker (Duration) yrs. mos. ds.  
M. D. 3/26 1931 (Address) Frostburg, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Cumberland, Md.

DATE OF BURIAL

Mc 28, 1931

## 20 UNDERTAKER

Posey Hill Cem.

ADDRESS

J. J. Durst

Frostburg, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 4 1931

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; ... shopnemonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a list of questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62737

## 1. PLACE OF DEATH

34

County Allegany

Registration Dist. No.

Village or City Cumberland, Md.

St.

Ward

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME May Hunter

(a) Residence: No. 226 E. Main  
(Usual place of abode)

St.

Ward.

Frostburg, Md.  
If nonresident give city of town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 15, 1895

7. AGE Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

35

5 14

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

Housework.

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Home.

10. Date deceased last worked at  
this occupation (month and  
year)

Oct 1930

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Barton, Md.

MOTHER / FATHER

13. NAME George Hunter.

14. BIRTHPLACE (city or town)  
(State or country)

England.

15. MAIDEN NAME Margaret Ann Logsdon

16. BIRTHPLACE (city or town)  
(State or country)

Barton, Md.

17. INFORMANT

(Address)

George Hunter

18. BURIAL, CREMATION, OR REMOVAL

Place Allegany

Date Mar 3, 1931

19. UNDERTAKER

(Address)

Jacob Hager

20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

3.

1-

, 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

10-18-1930 to 3-1-1931; death is said

I last saw him alive on 2-26-1931; death is said  
to have occurred on the date stated above, at 3A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Syphilis  
(Arteritis & Typho).

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 14, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62738

## 1. PLACE OF DEATH

Allegany County

Cumberland, Md Village or City

Length of residence in city or town where death occurred

Paul R. Hynes

No. 40 Central Ave.

St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

40 Central Ave. #5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

July 19.1930

## 7. AGE

Years

Months

Days

If LESS than

8

1

1 day,      hrs.  
or      min.

At Home

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Md

## MOTHER

## FATHER

13. NAME

David R. Hynes

14. BIRTHPLACE (city or town)

(State or country)

Pa

15. MAIDEN NAME

Blanch Huffman

Md

16. BIRTHPLACE (city or town)

(State or country)

David R. Hynes

## 17. INFORMANT

(Address)

Cumberland Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Herman

Md

Date Mar. 22. 1931

## 19. UNDERTAKER

(Address)

John C. Wolford

Cumberland Md

## 20. FILED

Date

Mar. 21. 1931

Name

Harvey H. Weiss

Registrar

Signature

(Address)

none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Lester H. Collier

Cumberland, Md.

M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County: <i>Allegany</i>		
Village or City <i>Bell Sway</i> (No.)		
2 FULL NAME <i>Izzett</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>un</i>	4 COLOR OR RACE <i>w</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
6 DATE OF BIRTH <i>March 26</i> , 1931 (Month) (Day) (Year)		
7 AGE <i>Still born</i>	yrs. mos. ds.	If LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) <i>still born</i>		
9 BIRTHPLACE (State or country) <i>In d.</i>		
10 NAME OF FATHER <i>Kilgore Izzett</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Md.</i>		
12 MAIDEN NAME OF MOTHER <i>Emma Folk</i>		
13 BIRTHPLACE OF MOTHER (State or Country) <i>Md</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mrs Emma Izzett</i> (Address) <i>Summerside St. Md.</i>		
15 Filed <i>3/27 1931</i> <i>147 Saratoga MD.</i> Registrar		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02733

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *10*

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH <i>March 26</i> , 1931 (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended the deceased from 192... to, 192... that I last saw h alive on 192..., 192... and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: <i>still born</i> <i>Premature Birth 3m &amp;</i> (Duration) yrs. mos. ds.		
Contributory Secondary (Duration) yrs. mos. ds.		
(Signed) <i>A J Bostetter</i> M. D. 3/27 1931 (Address) <i>147 Saratoga Md.</i>		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL <i>Mt Savage</i>		DATE OF BURIAL <i>Mar 27, 1931</i>
20 UNDERTAKER <i>Father</i>		ADDRESS <i>Summerside Md.</i>

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state "occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral septic fever* (the only definite synonym is "Epidemic cerebro-spiral meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR

1931

BUREAU U.S.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02740

## MARGIN RESERVED FOR BINDING

M.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland, Md *WITHIN CORPORATE LIMITS 92-a*

Registration Dist. No. 4

St. 5

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME Richard H. Jeffries

(a) Residence: No. Pine Ave. SE 5

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Widower

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Amanda. Jeffries

## 6. DATE OF BIRTH (month, day, and year)

Aug 5. 1854

## 7. AGE

Years

Months

Days

If LESS than  
1 day,  
or... hrs.  
min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

On County Roads

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation *Dont Know*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md

## MOTHER

## FATHER

13. NAME Samuel Jeffries

14. BIRTHPLACE (city or town)  
(State or country)

Md

## 15. MAIDEN NAME

Dont Know

16. BIRTHPLACE (city or town)  
(State or country)

Dont Know

## 17. INFORMANT

(Address)

Samuel Davis

Cumberland, Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place Mount Herman

Date Mar 12. 1931

## 19. UNDERTAKER

(Address)

John C. Wolford

Cumberland, Md

## 20. FILED

Mar. 11, 1931

Harvey H. Weiss

Registrar.

M. D.

## 21. DATE OF DEATH

Mar 9. 1931

(Month)

(Day)

(Year)

## 22.

I HEREBY CERTIFY That I attended deceased from Nov 30, 1930, to Feb 22, 1931

I last saw him alive on Feb 22, 1931; death is said to have occurred on the date stated above, at... m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Hysteria reorganization  
Hyperthyroidism of  
thyroid. Death  
from compensation*

## Other Contributory Causes of importance:

Name of operation

Date of...

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury... 19...

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. Blaylock*  
(Address) *Mount M.D.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02741

## 1. PLACE OF DEATH

County Allegany  
Village or City Cumberland, Md

WITHIN CORPORATE LIMITS <sup>23</sup>

Registration Dist. No. 4

St. 5

Ward

No. 511 Baltimore Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME John R. Jenkins.

(a) Residence: No. 511 Baltimore Ave #5  
(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary M. Jenkins

6. DATE OF BIRTH (month, day, and year) May 22, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
83	10	4		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Western Maryland Railroad.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Track
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 6 Yrs.

12. BIRTHPLACE (city or town)  
(State or country) Va

13. NAME John M. Jenkins

14. BIRTHPLACE (city or town)  
(State or country) Va

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town)  
(State or country) Va17. INFORMANT Mrs William Leisure  
(Address) Cumberland, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Pleasant Cem. Date Mar. 28, 193119. UNDERTAKER John C. Wolford  
(Address) Cumberland, Md20. FILED Mar. 27, 1931, Harvey H. Weiss  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March  
(Month)26  
(Day)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct. 17, 1931, to March 26, 1931.

I last saw him alive on March 24, 1931; death is said to have occurred on the date stated above, at 2:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of finding  
5-13-31

Other Contributory Causes of importance:

Chronic Myocarditis 3 mos.

3 mos.

Name of operation none Date of none

What test confirmed diagnosis? Exam of sputum Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Data of Injury none, 19. As

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. R. Hodges M. D.  
(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago






ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Allegany

WITHIN CORPORATE LIMITS  
112142  
93-C

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

Village or City Frostburg (No. 42) Street Linden  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Obed Jenkins

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
6 DATE OF BIRTH <u>Oct 20</u>		(Month) <u>Oct</u>	(Day) <u>20</u> , (Year) <u>1849</u>
7 AGE <u>81</u>	years <u>5</u> mos. —	If LESS than 1 day, hrs. <u>—</u> ds. or <u>—</u> min.	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Retired Mine Foreman</u>		(b) General nature of industry business, or establishment in which employed or (employer) <u>Coal Mines</u>	
9 BIRTHPLACE (State or country) <u>Wales</u>		Contributory Secondary <u>Angina pectoris</u>	
10 NAME OF FATHER <u>Obed Jenkins</u>		(Duration) yrs. <u>1</u> mos. <u>2</u> ds.	
11 BIRTHPLACE OF FATHER (State or country) <u>Wales</u>		(Duration) yrs. <u>—</u> mos. <u>—</u> ds.	
12 MAIDEN NAME OF MOTHER <u>Mary Yates</u>		(Signed) <u>J. C. Cohen, M. D.</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Wales</u>		3-20-1921 (Address) <u>Frostburg, Md.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Wm Lewis</u> (Address) <u>Frostburg, Pa.</u>			
15 Filed <u>20 Mar 1921</u>	At place of death yrs. <u>—</u> mos. <u>—</u> ds.		In the State yrs. <u>—</u> mos. <u>—</u> ds.
Where was disease contracted, if not at place of death?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL <u>Addison Pa</u>		DATE OF BURIAL <u>March 22, 1921</u>	
20 UNDERTAKER <u>Frostburg Furniture &amp; Undertaking Co.</u>		ADDRESS	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baltimore, Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dairy laborer, Farm laborer, Laborer-Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia")

APR 4 1931

BUREAU V. S. AMERICAN MEDICAL ASSOCIATION

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *L. Malaria* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

18743

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

358 Dawson

(Usual place of abode)

St. 4 Ward.

Registration Dist. No. 4

St. 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 24-1931

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

5

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)Cumberland  
Md

13. NAME

James Jones

14. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Md

15. MAREN NAME

Oval Freeman

16. BIRTHPLACE (city or town)  
(State or country)Cumberland  
Md

17. INFORMANT

(Address)

18. BURIAL, Cremation, or Removal

Place

Summer County

Date

3/31, 1931

19. UNDERTAKER

(Address)

20. FILED

Mch. 3, 1931

Harvey H. Weiss

Registrar

WITHIN CORPORATE LIMITS  
No. 160-4

Registration Dist. No. 4

St. 4 Ward

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH

March

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on March 2, 1931; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Concussion

Brain

Date of onset

Feb 24

1931

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Decedent Date of injury Feb 24, 1931

Where did injury occur?

Premature labor

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

fall on floor

Nature of injury

Concussion brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mrs. Owen M. D.

(Address) 133 2nd Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**  
**RECEIVED**

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS  
102741  
10

Village or City Cumberland (No. 930)GaySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4St: 6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Harold Berkley Judy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

June 26, 1929

(Month)

(Day)

(Year)

7 AGE

1 yrs. 8 mos. 11 ds. or min?

If LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

None

9 BIRTHPLACE

(State or country)

Md

10 NAME OF FATHER

Berkley Judy

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02745

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland, Md

WITHIN CORPORATE LIMITS  
No. 315 Maryland

Registration Dist. No. 4

St. 6-1 Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME William W. Kifer

(a) Residence: No. 315 Maryland Ave., 6-1 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,

Male

White

OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Ada Kifer

6. DATE OF BIRTH (month, day, and year)

May 20. 1883

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

47

9

15

8. Trade, profession, or particular kind of work done, as SPINNER, &amp;c. SAWYER, BOOKKEEPER, etc.

Heat. heater

&amp; G. Taylor Co

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md

MOTHER

FATHER

13. NAME

Silas Kifer

14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MAIDEN NAME Charles Duble.

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT Ada Kifer  
(Address) Cumberland, Md18. BURIAL, CREMATION, OR REMOVAL Mar. 7. 1931  
Place Greenmont Data 1919. UNDERTAKER John C. Wolford  
(Address) Cumberland, Md20. FILED Mar. 7. 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar. 5. 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 20 1931 to March 5, 1931

I last saw him alive on March 6, 1931; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Typhoid fever

Date of onset Feb. 13-31

Other Contributory Causes of importance:

Bronch. pneumonia

March 31

Name of operation None Date of

What test confirmed diagnosis? Welch Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

J. H. Wilson  
(Address) 126 Union, Cumberland, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

*RECEIVED*  
Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset APR 7 1931
Chronic interstitial nephritis	BUREAU V. S.	1915
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS

02746

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City

Cumberland (No) Allegany Hosp

Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Mary Elizabeth Kiser

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

(Write the word)

Married

6 DATE OF BIRTH

Dec 22, 1884  
(Month) (Day) (Year)

7 AGE

46 yrs. 9 mos. 9 ds. or min.)

If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Housewife

9 BIRTHPLACE  
(State or country)

Pennsylvania

Harmon Emwick

10 NAME OF  
FATHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

A. J. Kiser

(Address)

Hyndman Pa

15

Filed March 31, 1921

Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 31

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Jan 1921 to March 30, 1921,

that I last saw her alive on March 30, 1921,

and that death occurred on the date stated above, at 7:40 A.M.

The CAUSE OF DEATH \* was as follows:

Septic meningitis

(Duration) yrs. mos. 2 ds.

Contributory  
Secondary

Suffocating Ottie

Medic

(Duration) yrs. mos. 7 ds.

(Signed) P. C. Barnes M. D.

March 31, 1921 (Address) Cumberland Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Hyndman, Pa.

Former or usual residence Hyndman, Pa.

19 PLACE OF BURIAL OR REMOVAL

Camps Cemetery Pa Apr 1, 1921

20 UNDERTAKER

Chas. A. Bides

DATE OF BURIAL

ADDRESS

Hyndman, Pa.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepixaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Reckless wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931  
BUREAU U. S.

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany

Village or City Lonaconing (No.)

## 2 FULL NAME

John E. Klipstein

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
male	white	married

6 DATE OF BIRTH  
Jaw. 14<sup>th</sup>, 1880  
(Month) (Day) (Year)

7 AGE  
51 yrs. 2 mos. 6 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
Coal Miner  
(b) General nature of industry business, or establishment in which employed or (employer)  
Coal Miner

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF FATHER John Klipstein

11 BIRTHPLACE OF FATHER  
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susa Meyers

13 BIRTHPLACE OF MOTHER  
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. E. Klipstein

(Address) Lonaconing, Md

15 Filed 3/21 1931 S. O. S. E. Don Glavin

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 20<sup>th</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 17<sup>th</sup>, 1931, to March 20<sup>th</sup>, 1931, that I last saw him alive on March 19<sup>th</sup>, 1931, and that death occurred on the date stated above, at 2:30 A.M. The CAUSE OF DEATH \* was as follows:

Influenza  
(Duration) yrs. mos. ds.

Contributory Secondary Bronchitis pneumonia  
(Duration) yrs. mos. ds.  
(Signed) M. McDermott M. D.  
March 21<sup>st</sup> 1931 (Address) Maryland, Md

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Hill DATE OF BURIAL March 22<sup>nd</sup>, 1931

20 UNDERTAKER M. Eichorn ADDRESS Lonaconing, Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1931

BUREAU V. S.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	BUREAU V. S.	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage		July 5, 1927
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Other contributory causes of importance:

Gallstones		May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago



Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

02749

## 1. PLACE OF DEATH

County.

allegany

107-a

Registration Dist. No.

10

Village or City.

Baneville

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

## 2. FULL NAME

Kenneth Ray Anderson

(a) Residence: No.

Baneville  
(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 20-1930

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

6

9

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Baneville

13. NAME

William Anderson

14. BIRTHPLACE (city or town)  
(State or country)

Mt. Savage

15. MAIDEN NAME

Dollo M. Anderson

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT

(Address)

John K. Kryzma

18. BURIAL, CREMATION, OR REMOVAL

Place

Baneville Md

Date

May 31 1931

19. UNDERTAKER

(Address)

J. J. Sartor

20. FILED

(Date)

3/30 1931 K. F. Badger M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 29  
(Month) 1931  
(Day)1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 11, 1931, to March 29, 1931

I last saw him alive on March 28, 1931; death is said  
to have occurred on the date stated above, at 9:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Bronchitis

BronchoPneumonia

Date of onset  
Mar 1

Mar 18

Other Contributory Causes of importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

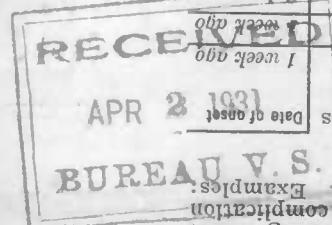
If so, specify

(Signed) H. J. Boettcher  
(Address) Mt. Savage Md

M. D.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Arteriosclerotic disease	1916	Attack of epilepsy	Date of onset	The principal cause of death and related causes of importance were as follows:
Chronic intestinal nephritis	1921	Ran over by street car	Date of onset	of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important diseases or injury causing death.
Cerebral hemorrhage	July 5, 1927	Peritonitis	Date of onset	As related to dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death.
Gastric ulcer	May 1, 1928	Gastroneurritis	Date of onset	As related to death—Causes of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. A week ago
Other contributory causes of importance:				of the principal cause. Under other contributory causes of importance, name other injuries or illnesses or complications of the disease causing death.
Contributory causes of importance:				of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important diseases or injury causing death.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be treated as at school or at home. For a woman whose only occupation was that of home housework, write hours while in answer to Question 8 and own home in which the work was done.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The number of years the deceased followed the occupation.

11.—The starting the use of such general terms as "store", "factory", "mill", etc. State in particular kind of business, avoid the use of such general terms as "store", "factory", "mill", etc.

In starting the use of such general terms as "store", "factory", "mill", etc., as grocery store, soap factory, cotton mill, etc.

Distinguishing carefully the different kinds of engineers, mining engineer, mechanical engineer, electrical engineer, etc. Do not use the term "laborer", when a more precise statement of the occupation can be made. Avoid the word "mechanic", but give the exact occupation, as carpenter, painter, machinist, etc. Distinguishing carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death.

The principal cause of death and related causes of importance were as follows:

Example I

Arteriosclerosis	1916	Attack of epilepsy	Date of onset	The principal cause of death and related causes of importance were as follows:
Chronic intestinal nephritis	1921	Ran over by street car	Date of onset	of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important diseases or injury causing death.
Cerebral hemorrhage	July 5, 1927	Peritonitis	Date of onset	As related to dying, e. g., heart failure, asphyxia, asthma, etc. A week ago
Gastric ulcer	May 1, 1928	Gastroneurritis	Date of onset	of the principal cause. Under other contributory causes of importance, name other injuries or illnesses or complications of the disease causing death.
Other contributory causes of importance:				of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important diseases or injury causing death.
Contributory causes of importance:				of the principal cause, name earlier morbid conditions, if any, related to the principal cause and any important diseases or injury causing death.

MARGIN RESERVED FOR BINDING

**M** WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
**N.B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County..... ALLEGANY

WITHIN CORPORATE LIMITS

Village or City CUMBERLAND

(No.) MEMORIAL HOSPITAL

2 FULL NAME..... JESSIE KORNS

02750

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. .... 4

St. 6-1

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

MALE

4 COLOR OR RACE

WHITE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

September 23, 1858  
(Month) (Day) (Year)

7 AGE

72 yrs. 5 mos. 25

If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

Hardware Store Clerk

(b) General nature of industry business, or establishment in which employed or (employer)

Wilson &amp; Pugh

9 BIRTHPLACE

(State or country)

MARYLAND

10 NAME OF FATHER

HENRY KORNS

11 BIRTHPLACE OF FATHER

MARYLAND

(State or country)

12 MAIDEN NAME OF MOTHER

CHRISTIANA SHUCK

13 BIRTHPLACE OF MOTHER

MARYLAND

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

MEMORIAL HOSPITAL

(Address) CUMBERLAND, MARYLAND

15 Filed

Mar. 19, 1931. Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 18, 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
2-16-1931 to 3-18-1931, that I last saw him alive on 3-18-1931, and that death occurred on the date stated above, at 3:00 P.M.

The CAUSE OF DEATH \* was as follows:

Tuberculosis pyonephrosis

(Duration) several yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Howard H. Jones M.D.

192 (Address) Cumberland, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. 1 mos. 2 ds. In the State 72 yrs. mos. ds.

Where was disease contracted if not at place of death? Cumberland, Md.

Former or usual residence 200 N. CENTER ST., CITY

19 PLACE OF BURIAL OR REMOVAL

Rose Hill Cemetery 3/20, 1931

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1931

BUREAU

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County allegany

02751

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 7

Village or City Bartons (No.)

(186a)

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susanna Langham

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
Female	White	(Write the word)	

6 DATE OF BIRTH

May 6 1840

(Month) (Day) (Year)

7 AGE	IF LESS than 1 day hrs. 1 day hrs. ds. or min?
90 yrs. 11 mos. 28	ds. or min?

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Housework  
 (b) General nature of industry business, or establishment in which employed or (employer) Brundstr

9 BIRTHPLACE  
(State or country)England

10 NAME OF FATHER

John Smith11 BIRTHPLACE OF FATHER  
(State or country)England

12 MAIDEN NAME OF MOTHER

Asta Shakespear13 BIRTHPLACE OF MOTHER  
(State or Country)England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. David S. Boal(Address) Bartons Md15 Filed Mar 6 1931 Lula Coucher  
Geo E Williams City Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 26, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 25 1931 to Mar 4, 1931, that I last saw her alive on Mar 4, 1931, and that death occurred on the date stated above, at 10:46 P.M.. The CAUSE OF DEATH was as follows:

Injury from a fall

(Duration) yrs. mos. de.

Contributory  
SecondaryInjury from a fall

(Duration) yrs. mos. de.

(Signed) Henry J. Hodges M. D.  
(Address) Locality Local

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Laurel Hill Cemetery Mar 7, 1931

20 UNDERTAKER

D. S. Boal

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62752

## 1. PLACE OF DEATH

County Allegany  
Village or City Mt. Savage Md.  
Length of residence in city or town where death occurred 2 yrs.

108

Registration Dist. No. 10

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mary Ann Garkins

(a) Residence: No. Mt. Savage St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE ofPeter H.6. DATE OF BIRTH (month, day, and year) June 23 1855

7. AGE <u>75</u> Years	Months <u>9</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	---------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Hauskeeper</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) <u>1931</u>	11. Total time (years) spent in this occupation <u>1</u>

12. BIRTHPLACE (city or town) Md.  
(State or country)13. NAME Martha Farrell  
FATHER14. BIRTHPLACE (city or town) Ireland  
(State or country)15. MAIDEN NAME Anna Kenney  
MOTHER16. BIRTHPLACE (city or town) Ireland  
(State or country)17. INFORMANT Rev. G. J. Garkins  
(Address) Baltimore Md.18. BURIAL, CREMATION, OR REMOVAL Mt. Savage, Md.  
Place St. Patrick's Cemetery Date 28, 193119. UNDERTAKER James Dunn  
(Address) Charleroi and20. FILED 3/29, 1931 N. J. Bostetter M.D.  
3/27/31 Harvey Hens X.R. C. & Co. Inc. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

3-15, 1931, to 3-25, 1931.I last saw h. st alive on 3-25, 1931; death is said to have occurred on the date stated above, at 3:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial infarct.  
Hypertension  
weak

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. J. Garkins M. D.(Address) Rev. G. J. Garkins

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED	
	APR 2 1923
Arteriosclerosis	
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example I	
The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928
Example II	
The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02753

**MARGIN RESERVED FOR BINDING**

**N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1. PLACE OF DEATH**

County Allegany

Village or City Flintstone, Md

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Henry W. Lashley

(a) Residence: Nd.

(Usual place of abode)

St. Ward.

Registration Dist. No. 2

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward.

If nonresident give city or town and State

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Louisa Lashley

6. DATE OF BIRTH (month, day, and year)

April 20, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76		10	9	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	Farmer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Md
---	----

13. NAME	George. Lashley
14. BIRTHPLACE (city or town) (State or country)	Md

15. MAIDEN NAME	Mary Robinette.
16. BIRTHPLACE (city or town) (State or country)	Md

17. INFORMANT	Mrs Louise Lashley
(Address)	Flintstone, Md

18. BURIAL, CREMATION, OR REMOVAL	Lashley Cemetery
Place	Date Mar 3, 1931

19. UNDERTAKER	John C. Wolford
(Address)	Cumberland, Md

20. FILED	Mar 3, 1931
	Bennett

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**

Mar 1 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

See 1, 1930 to Mar. 1, 1931

I last saw him alive on Feb. 12, 1931; death is said to have occurred on the date stated above, at 12 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Ascending Paralysis

Date of onset Jan 1931

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

J. A. Watson M. D.  
Hancock, Md. P. S.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	APR 4 1931
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU 7 B

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., "Farmer or Planter," "Physician," "Compositor," "Architect," "Locomotive engineer," "Civil engineer," "Stationary fireman," etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) "Spinner," (b) "Cotton mill"; (a) "Soleman," (b) "Grocery"; (a) "Foreman," (b) "Automobile factory." The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as "Day laborer," "Farm laborer," "Laborer—Coal mine," etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as "Housewife," "Housework," or "At Home," and children, not gainfully employed, as "At school," or "At home." Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as "Servant," "Cook," "Housemaid," etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; "Farmer (retired 6 yrs.)." For persons who have no occupation whatever, write "None."

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-s, inal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of ..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 7 1931

BUN

~~MARGIN RESERVED FOR BINDING~~

~~B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.~~ Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02756  
4

## 1. PLACE OF DEATH

County Allegany  
Village or City Cumberland, Md

WITHIN CORPORATE LIMITS  
107-a

Registration Dist. No.

St. 6-3 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Ellsworth. Longerbeam, Jr.

(a) Residence: No.

29 Offutt

St. 6-3 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Sept 20, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	1	8	22	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md

13. NAME Ellsworth. Longerbeam

14. BIRTHPLACE (city or town)  
(State or country)

Wva

15. MADIOEN NAME Margret. McGraw

16. BIRTHPLACE (city or town)  
(State or country)

Wva

17. INFORMANT Ellsworth. Longerbeam  
(Address) Cumberland, Md18. BURIAL, CREMATION, OR REMOVAL  
Rose Hill Cemetery Mar 23, 1931  
Piece \_\_\_\_\_ Date \_\_\_\_\_19. UNDERTAKER John C. Wolford  
(Address) Cumberland Md20. FILED Mar 23, 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar 22 1931

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar 13, 1931, to Mar 22, 1931  
I last saw him alive on Mar 21, 1931; death is said  
to have occurred on the date stated above, et al.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchopneumonia  
Primary

Date of onset

Mar 14  
1931

Other Contributory Causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury no

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

M. E. Beams  
133 Va Ave  
M. O.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	APR 7 1931	1921
Cerebral hemorrhage		July 5, 1931
	BUREAU V.S.	

### Example II

The principal cause of death and related causes of importance were as follows:	Data of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

MARGIN RESERVED FOR BINDING

V. S. No. 1

M  
N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Allegany

Village or City Dix Savage (No.)

2 FULL NAME Hilda Alberta Lotz

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX H4 COLOR OR RACE W5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

April 29, 1921

(Month) (Day) (Year)

7 AGE

9 yrs. 10 mos. 26 ds. or min?

If LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

School girl9 BIRTHPLACE  
(State or country)Md

10 NAME OF FATHER

Henry Lotz11 BIRTHPLACE OF FATHER  
(State or country)Md

12 MAIDEN NAME OF MOTHER

Grace McFeugie13 BIRTHPLACE OF MOTHER  
(State or Country)Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry Lotz

(Address)

Dix Savage Md

15 Filed

3/251923H.J. Bostetter MDState Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., requesting V. S. No. 1.

02757

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 10St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 251923

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb 28th 1923 to Mar 25, 1923, that I last saw her alive on Mar 24, 1923, and that death occurred on the date stated above, at 3:54 m.

The CAUSE OF DEATH \* was as follows:

Endo Carditis (Rheumatic)  
Acute Salivation(Duration) yrs. 1 mos. 15 ds.Contributory Secondary Inflammatory Rheumatism(Duration) yrs. 2 mos. ds.(Signed) H.J. Bostetter M.D.3/25 1923 (Address) Dix Savage Md

\*State the disease causing death, or, in deaths from violent causes, state (1) means of injury and (2) whether accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Dix Savage Md DATE OF BURIAL Mar 27 1923

20 UNDERTAKER

J.J. Durst ADDRESS Fultondale

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dry Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the disease (USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

APR 2 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary, 10 ds.). Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02758

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS

92-a

Registration Dist. No. 4

Village or City Cumberland, Md

No. Allegany Hospital

St. 4

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME Ross. Lowery.

(a) Residence: No. 208

Arch  
(Usual place of abode)

St. 6-21

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Ethel. Lowery

6. DATE OF BIRTH (month, day, and year)

Mar. 28. 1880

OCCUPATION

7. AGE

51.

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Kelly Springfield

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Tire. Co

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Pa

MOTHER / FATHER

13. NAME

John. W. Lowery

14. BIRTHPLACE (city or town)

(State or country)

Pa

15. MAIDEN NAME

Anna. Cox

16. BIRTHPLACE (city or town)

(State or country)

Pa

17. INFORMANT

John. K. Sears

(Address)

Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Greenvale Cem.

Date

Apr. 2, 1931

19. UNDERTAKER

John. C. Wolford

(Address)

Cumberland, Md

20. FILED

Apr. 2, 1931

Harvey H. Weiss

Registrar.

M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

H. V. Dennis

(Address)

67 N. Contine St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	FEBRUARY	Date of onset	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS AND CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH  
County... Allegany  
WITHIN CORPORATE LIMITS  
Village or City Cumberland (No.)

FULL NAME CHRISTINA LUMAN

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE	4 COLOR OR RACE WHITE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) WIDOWED
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6 DATE OF BIRTH  
APRIL 5, 1858  
(Month) (Day) (Year)

7 AGE  
72 yrs. 11 mos. 8 ds. or min.? If LESS than  
1 day hrs.

8 OCCUPATION  
(a) Trade, profession or particular kind of work Hwf.  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Pennsylvania

10 NAME OF FATHER Jackson Shaffer

11 BIRTHPLACE OF FATHER  
(State or country) Penna

12 MAIDEN NAME OF MOTHER Emilie Frazier

13 BIRTHPLACE OF MOTHER  
(State or Country) Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Memorial Hospital;

(Address) Cumberland, Md.

15 Filed Mar. 13, 1931, Harvey H. Wens, Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4  
Memorial Hospital, 6-1 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 13, 1931, 192.....  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar. 8, 1931, to Mar. 13, 1931, that I last saw her alive on Mar. 13, 1931, and that death occurred on the date stated above, at 3:15 P.M. The CAUSE OF DEATH \* was as follows:

Ch. Enterobius

Abnormal yrs. mos. ds.

Contributory Secondary yrs. mos. ds.

Dense Debility yrs. mos. ds.

(Signed) J. L. Kamel M. D.

(Address) Cumberland, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? R.F.D. #2 Cumberland

Former or usual residence R.F.D. #2 Cumberland, Md.

19 PLACE OF BURIAL OR REMOVAL Hyndman, Pa. Mar. 15, 1931, 19

20 UNDERTAKER John C. Wolford ADDRESS Cumberland, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia, " "Anaemia*" (merely symptomatic), "*Atrophy, " "Collapse, " "Coma, " "Convulsions, " "Debility*" ("*Congenital, " "Senile, " etc.), "*Dropsey, " "Exhaustion, " "Heart failure, " "Haemorrhage, " "Inanition, " "Marasmus, " "Old Age, " "Shock, " "Uraemia, " "Weakness, etc.*", when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia, " "PUERPERAL peritonitis, etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02760

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS <sup>108</sup>  
 Village or City Cumberland Registration Dist. No. 4  
 Length of residence in city or town where death occurred 24 yrs. 7 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Brittie Louise Snales(a) Residence: No. 314 Central Ave. 5 Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>R</u>		

6. DATE OF BIRTH (month, day, end year)	<u>July 20 1906</u>		
7. AGE	Years <u>24</u>	Months <u>7</u>	Days <u>14</u>
	IF LESS than 1 day, ____ hrs. or ____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Domestic</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Prishtomes</u>	
10. Date deceased last worked at this occupation (month and year) <u>Jul 20</u>	11. Total time (years) spent in this occupation <u>6 yrs</u>

12. BIRTHPLACE (city or town) (State or country)	<u>Ind</u>
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13. NAME <u>Harry Snales</u>	
14. BIRTHPLACE (city or town) (State or country)	<u>Ind</u>

15. MAIDEN NAME <u>Anna Romill</u>	
16. BIRTHPLACE (city or town) (State or country)	<u>Ind</u>

17. INFORMANT <u>Harry Snales</u>
(Address) <u>Ordering N. Va</u>

18. BURIAL, CREMATION, OR REMOVAL
Place <u>Summer Cem</u> Date <u>Mar 7, 1931</u>

19. UNDERTAKER <u>Harry Snales</u>
(Address) <u>Cumberland</u>

20. FILED <u>Mar 7, 1931</u>
Harvey H. Weiss
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March <sup>4</sup>, 1931 (Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931 to March 4, 1931.I last saw her alive on March 4, 1931; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar pneumonia

Other Contributory Causes of importance:

Name of operation none Date of           What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury           , 19          Where did injury occur? none (Specify city or town, county and State)Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. noneManner of Injury           Nature of Injury           

24. Was disease or injury in any way related to occupation of deceased?

If so, specify           (Signed) W.R. Hodges M. O. Cumberland, Md  
 (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

**M** WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
**N. B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County ALLEGHENY

WITHIN CORPORATE LIMITS

Village or City CUMBERLAND, MD. (No.) MEMORIAL HOSPITAL

02761

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

St. 6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME NORMA MANKAMYER.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MARRIED
FEMALE	WHITE		

## 6 DATE OF BIRTH

MARCH, 6, 1874, 1  
(Month) (Day) (Year)

## 7 AGE

56  
57 yrs. 11 mos. 29 ds. If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work HOUSE WIFE  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

PENNSYLVANIA

## 10 NAME OF FATHER

NATHANAL BITTNER

11 BIRTHPLACE OF FATHER  
(State or country)

PENNSYLVANIA

## 12 MAIDEN NAME OF MOTHER

LYDIA LEIPLEY

13 BIRTHPLACE OF MOTHER  
(State or Country)

PENNSYLVANIA

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) MEMORIAL HOSPITAL

(Address) CUMBERLAND, MD.

## 15 Filed

Mar. 6 1931 Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

MARCH, 5, 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192, that I last saw h alive on 192,

and that death occurred on the date stated above, at II:45 m.

The CAUSE OF DEATH \* was as follows:

Massive Labor P. M.  
 Pneumonia left  
 Side, great  
 collapse (Duration) mos. ds.  
 Contributor Secondary  
 Self only few  
 days (Duration) yrs. mos. ds.  
 at K. Hawkins M. D.  
 3/6/1931 (Address) Cured

(Signed)  
 \*State the Disease Causing Death, or, in deaths from  
 Violent Causes, state (1) Means of Injury and (2) Whether  
 Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. 2 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death? MEMORIAL HOSP.

Former or usual residence SAND PATCH, PENNSYLVANIA

## 19 PLACE OF BURIAL OR REMOVAL

Meyersdale, Pa. Mar. 7, 1931

## 20 UNDERTAKER

ADDRESS

J. L. Tressler Meyersdale, Pa.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

DR. HAWKINS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02762

## 1. PLACE OF DEATH

County allegany WITHIN CORPORATE LIMITS

(26)

Registration Dist. No. 4Village or City Lumberland, Md.St. 4

Ward

Length of residence in city or town where death occurred none

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Allegany Hospital How long in U. S. if of foreign birth? 11 hrs. yrs. mos. ds.2. FULL NAME Isaac R. Mc Bride(a) Residence: No. Springfield - W. Va. St. Ward. Springfield, W. Va.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>singe</u>
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofwife6. DATE OF BIRTH (month, day, and year) August 7-19137. AGE 17 Years 7 Months 13 Days If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Mar 29 3111. Total time (years) spent in this occupation 5 yrs12. BIRTHPLACE (city or town)  
(State or country) West Va13. NAME Taylor Mc Bride14. BIRTHPLACE (city or town)  
(State or country) W. Va15. MAIDEN NAME Bettie Mc Bride16. BIRTHPLACE (city or town)  
(State or country) West Va17. INFORMANT Mrs Taylor Mc Bride  
(Address) Hedgesville, W. Va.18. BURIAL, CREMATION, OR REMOVAL Springfield W. Va Date Mar 31 - 193119. UNDERTAKER John Stein Inc.  
(Address) Lumberland Md.20. FILED Mar. 31, 1931. Harry H. Lewis

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. 30, 1931

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

March 29 - 1931 to March 30, 1931I last saw him alive on March 30, 1931; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Shock - following accidental injury (automobile) crushing rectal sigmoid + running into peritoneal cavity.

Date of onset

Other Contributory Causes of Importance:

Name of operation None Date of                   What test confirmed diagnosis?                    Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Mar 31 - 1931Where did injury occur? in West Va

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in Public Highway - automobile wheelManner of injury auto mobile wheelNature of injury ruptured sigmoid. Hemorrhage -24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify                   (Signed) SteBlake M. D.(Address) Lumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset
Chronic interstitial nephritis	BUREAU V	1916
Cerebral hemorrhage	S	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	I year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis U V S	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

X  
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH *WITHIN CORPORATE LIMITS OF*  
County *Allegany*

Village or City *Frostburg* (No. *Mines Hospital*) St. *Ward* 878

2 FULL NAME *Ramir McCulloch*

## 02764 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>female</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>singl</i> (Write the word)
---------------------	------------------------------	--

6 DATE OF BIRTH *April 26, 1860*  
(Month) (Day) (Year)

7 AGE *70 yrs. 10 mos. 4 ds. or min.* If LESS than  
1 day hrs.

8 OCCUPATION *School Teacher*  
(a) Trade, profession or particular kind of work.  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE *Ind* (State or country)

10 NAME OF FATHER *Thomas G. McCulloch*

11 BIRTHPLACE OF FATHER *Ind* (State or country)

12 MAIDEN NAME OF MOTHER *Sarah E. Huddleston*

13 BIRTHPLACE OF MOTHER *Ind* (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs Clayton Purnell*

(Address) *Frostburg Ind*

15 Filed *3/4 1931* Registrar *J. D. Bassett*

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 3, 1931*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *Feb 15, 1931* to *March 3, 1931*,

that I last saw him alive on *Mar. 3, 1931*, and that death occurred on the date stated above, at *8 A.M.*

The CAUSE OF DEATH \* was as follows:  
*Paralysis Agitans.*

(Duration) *yr. mos. ds.*

Contributory Secondary (Duration) *yr. mos. ds.*

(Signed) *J. D. Bassett* M. D.

*3/3 1931* (Address) *Frostburg Ind*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *Ind* (State) *Ind* (City) *yr. mos. ds.*

Where was disease contracted, if not at place of death? *Frostburg*

Former or usual residence *Ind*

19 PLACE OF BURIAL OR REMOVAL *Allegany Cemet* DATE OF BURIAL *3/5 1931*

20 UNDERTAKER *J. D. Bassett* ADDRESS *Frostburg*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; .. *Pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septicæmia*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1931

BUREAU

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02765

## 1. PLACE OF DEATH

Outside of

107-a

Registration Dist. No. 4

County allegany

City Limits

Village or City Ridgebrook, near crossroads, Md. R.H.D. I-Lumberland, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs.

mos.

ds

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Alice Ann McKenzie(a) Residence: No. Breasttown, Md.  
near

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u> (write the word)	
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of <u>late-Samuel</u>			
6. DATE OF BIRTH (month, day, and year)	<u>unknown 1853</u>		
7. AGE <u>78</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Hauswark</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	<u>md</u>
13. NAME <u>John S. Winters</u>	
14. BIRTHPLACE (city or town) (State or country)	<u>md</u>
15. MAIDEN NAME <u>Harriett Sigher</u>	
16. BIRTHPLACE (city or town) (State or country)	<u>md</u>

17. INFORMANT <u>Mrs. Alice McKenzie</u> (Address)	<u>near crossroads, Md.</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Ambrose</u> , Date <u>Mar 14, 1931</u>	

19. UNDERTAKER <u>Lewis Stein, Esq.</u> (Address)	<u>Lumberland, Md.</u>
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20. FILED <u>Mar. 13, 1931</u>	Harvey H. Weiss Registrar
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 12

(Month)

12 (day)

193 (Year)

I HEREBY CERTIFY That I attended deceased from March 10, 1931 to March 16, 1931; death is saidto have occurred on the date stated above, et al. Mar. 16, 1931; death is said

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis-Pneumonia

Date of onset

Mar. 10, 1931

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) McLean L. Burns M. D.  
(Address) Lumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Other contributory causes of importance:

Gallstones	May 1, 1923

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

02766

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS 82-1 Registration Dist. No. 4  
 Village or City Cumberland No. Allegany Hosp. St. 4 Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Agnes Inc McKenzie(a) Residence: No. 348 Walliams St., 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Nov. 25 19137. AGE Years 19 Months 4 Days 1 If LESS than  
1 day, hrs.  
Or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Student12. BIRTHPLACE (city or town)  
(State or country)Md13. NAME Chas L. McKenzie14. BIRTHPLACE (city or town)  
(State or country)Md15. MARION NAME Margaret Higgins16. BIRTHPLACE (city or town)  
(State or country)Md17. INFORMANT Mrs Margaret Higgins

## (Address)

Cumberland, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place St. Patrick's Cem.Date Nov. 30, 193119. UNDERTAKER L. Stein, Inc.

## (Address)

Cumberland, Md.20. FILE Nov. 30, 1931 Harvey H. Weise

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 26

(Month)

1931

(Day)

1931

(Year)

## 22. I HEREBY CERTIFY, That the attendant deceased from

Mar. 4, 1931, to Mar. 26, 1931; death is saidI last saw her alive on Mar. 26, 1931; death is said to have occurred on the date stated above, at 4:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Meningitis StreptococcusDate of onset 3/4/31

## Other Contributory Causes of importance:

Lateral sinus thrombosis  
complicated by meningitis  
Name of operation Mastoidectomy Date of 3/15/31What test confirmed diagnosis? Operative findings Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury \_\_\_\_\_

## Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signad) Go Harvey(Address) Cumberland, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931
Chronic interstitial nephritis	BUREAU
Cerebral hemorrhage	

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

BUREAU V. S.

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62769

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS

183

If death occurred in a hospital or institution, give its NAME instead of street and number)

Village or City Cumberland

Near Welton Tunnel

Registration Dist. No.

4

Length of residence in city or town where death occurred

No. Potomac River

St. 6-3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Christ G. Merridith.

(a) Residence: No. Unknown.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Unknown

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

About 1900

7. AGE

About 30

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Unknown.

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

UNKNOWN

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Louis Stein, Inc.

(Address)

Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Allegany Co. Cem. Apr. 18, 31.

19. UNDERTAKER

Louis Stein, Inc.

(Address)

Cumberland, Md.

20. FILED

Apr. 18, 31. Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Probably about March 20,

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19 .

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at , 19 .

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning - Probably  
accidental.

Date of onset

Other Contributory Causes of importance:

Body found by several boys -  
April 17, 1931.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey H. Weiss, Registrar  
(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I <b>RECEIVED</b>		
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MAY 6 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

T

WRITE PLAINLY, IN THIN UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County AlleganyVillage or City Boston (No.)

## 2 FULL NAME

Jacob William Michaels

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Dec 3, 1891  
(Month) (Day) (Year)

7 AGE

81 yrs. 3 mos. 18 ds. If LESS than  
1 day hrs. or min.?

## OCCUPATION

(a) Trade, profession or particular kind of work

Justice of Peace

(b) General nature of industry business, or establishment in which employed or (employer)

Retired

9 BIRTHPLACE

(State or country)

Maryland

## PARENTS

10 NAME OF FATHER

Kletta Michaels

11 BIRTHPLACE OF FATHER

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

(State or Country)

Jane Foonty

13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Amelie Michaels

(Address)

Boston, Md.

15

Filed Mar 21, 1931Lula Boucher

Registrar

62770

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 7St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 211931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

March 20, 1931 to March 21, 1931that I last saw him alive on March 20, 1931and that death occurred on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH \* was as follows:

Influenza

(Duration) yrs. mos. ds.

Contributory  
SecondaryHypostatic pneumonia

(Duration) yrs. mos. ds.

(Signed) M. McDonald M. D.March 21, 1931 (Address) Maryland End\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Carel Hill Cemetery

DATE OF BURIAL

Mar 23, 1931

20 UNDERTAKER

H. S. Brad

ADDRESS

Boston, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 6 1931  
BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62771

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS  
 Village or City Burndale

Registration Dist. No. 4Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds

2. FULL NAME Albert Minke(a) Residence: No. 212 Park St.St. 5 Ward. 5

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 17 - 317. AGE Years — Months — Days — If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Ind13. NAME Albert Minke14. BIRTHPLACE (city or town)  
(State or country)Ind15. MAREN NAME Martha Adams16. BIRTHPLACE (city or town)  
(State or country)Ind17. INFORMANT Albert Minke18. BURIAL, CREATION, OR REMOVAL  
Place Burndale Date Mar 18 - 3119. UNDERTAKER Lewis Stein Inc(Address) Burndale Md.20. FILED Mar 17 - 31 (Harvey) S. Weiss

Registrar.

Date of onset

Still born  
3 1/2 months)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 17, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar 17, 1931 to Mar 17, 1931  
I last saw him alive on Mar 17, 1931; death is said

to have occurred on the date stated above, at \_\_\_\_\_.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Joe P. Overbeck M. D.  
(Address) 41 - Green St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Ran over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County allegany WITHIN CORPORATE LIMITS OF  
(107-a)

Village or City Westensport (No.)

## 2 FULL NAME

Jean Mitter

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Female white

Single

6 DATE OF BIRTH

July 1, 1921  
(Month) (Day) (Year)

7 AGE

1 yrs. 8 mos. 13 ds. If LESS than  
1 day hrs. or min.)

## 8 OCCUPATION

(a) Trade, profession or particular kind of work.  
 (b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country)

W. Va

## 10 NAME OF FATHER

Howard Mitter

## 11 BIRTHPLACE OF FATHER

(State or country)

Md.

## 12 MAIDEN NAME OF MOTHER

Jesse Wallbick

## 13 BIRTHPLACE OF MOTHER

(State or Country)

W. Va.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hannah Mitter

(Address)

Westensport, Md.

15

Filed 3-14 1931

Registrar

62772

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. WTSt. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 21, 1931  
(Month) 14 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar. 14, 1931, to Mar. 14, 1931, that I last saw him alive on Mar. 14, 1931, and that death occurred on the date stated above, at 8:30 A.M. The CAUSE OF DEATH \* was as follows:

Pneumonia Bronchial(Duration) yrs. 2 mos. 2 de.Contributory  
SecondaryMyocarditis(Duration) yrs. 1 mos. 1 de.(Signed) Max Mitter M. D.(Address) 314 1931State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Bloomington Cemetery DATE OF BURIAL Mar. 15, 1931

## 20 UNDERTAKER

D.S. Boal

ADDRESS

Baltimore, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day Laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmamid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the

V. American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ACR 4 1931

BUREAU

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1931

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

**M** WRITE PLAINLY, IN THICK UNFADING INK--THIS IS A PERMANENT RECORD  
**N. B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE OF MIND should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Allegany

PLACE OF DEATH

County... Garrett

Village or City... Westoverport

2 FULL NAME... Dandy Mongold

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

single

6 DATE OF BIRTH

Aug 3, 1929  
(Month) (Day) (Year)

7 AGE

1 yrs. 7 mos. 9 ds. If LESS than  
1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

Basil Mongold

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

Dorothy Simmard

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B.H. Mongold

(Address) Westoverport, Md

15 Filed

3-14 1921

Registrar

02773

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. VT

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 17, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 11, 1931, to March 12, 1931,

that I last saw her alive on March 12, 1931,

and that death occurred on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH\* was as follows:

Ascariasis and Enteritis

(Duration) 0 yrs. 0 mos. 0 days

Contributory Secondary

(Duration) 0 yrs. 0 mos. 0 days

(Signed) Paul O. Wilson M. D.

March 15, 1931 (Address) Piedmont, W. Va.

\*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. days.

In the State yrs. mos. days.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Benton, Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (Retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 4 1931

BUREAU V. S.  
unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County alleganyVillage or City Lonaconing2 FULL NAME Hannah Moses

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female White Widowed

6 DATE OF BIRTH

Andereson, 1849  
(Month) (Day) (Year)

7 AGE

82 yrs. — mos. — ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work House work  
(b) General nature of industry business, or establishment in which employed or (employer) .....9 BIRTHPLACE  
(State or country)England10 NAME OF FATHER  
James Teasdale11 BIRTHPLACE OF FATHER  
(State or country)England12 MAIDEN NAME OF MOTHER  
Andereson13 BIRTHPLACE OF MOTHER  
(State or Country)England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Robert Moses(Address) Lonaconing md15 Filed 3/10 1931 E. Don Taylor

Registrar

## 62774 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 8

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

3 9, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
2/15 1931 to 3/9 1931,that I last saw her alive on 3/9 1931,and that death occurred on the date stated above, at 11 A.M.  
The CAUSE OF DEATH \* was as follows:Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory Secondary

Cholecystitis

(Duration) yrs. mos. ds.

(Signed) E. Don Taylor M. D.3/10 1931 (Address) Lonaconing\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Old Coney Cemetery March 12, 1931

20 UNDERTAKER ADDRESS

M. Eichhorn Lonaconing

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery,* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptom- atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train— accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential, and must be obtained before the certificate is permanently filed.

APR 7 1931  
BUREAU V. S.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County allegany

Village or City Lonacoming (No.)

2 FULL NAME James J. Murphy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Male

White

Single

6 DATE OF BIRTH

February 7, 1878  
(Month) (Day) (Year)

7 AGE

52 yrs. 0 mos. 29 ds. If LESS than

1 day hrs.

or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

unable to work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Maryland

PARENTS

10 NAME OF FATHER

C. S. Murphy

11 BIRTHPLACE OF FATHER

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Farrell

13 BIRTHPLACE OF MOTHER

(State or Country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret Murphy

(Address) Lonacoming, Md

15 Filed

3/9 1931

Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 8

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 6, 1931

March (Month) 6 (Day) 1931 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept 1931 to March 6, 1931,

that I last saw him alive on March 4, 1931,

and that death occurred on the date stated above, at 1 A.M.

The CAUSE OF DEATH \* was as follows:

cardiovascular disease

(Duration) 3 yrs. 3 mos. 0 ds.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) Henry Jr. Hodges M. D.  
Mar 7 1931 (Address) Lonacoming, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds.

In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Mary's Cemetery DATE OF BURIAL March 9, 1931

20 UNDERTAKER

ADDRESS

M. Eichhorn Lonacoming Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

If this certificate is filled over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 23 1931



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, membranes*, *periosteum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Chopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train-accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02777

## 1. PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS *107-a*  
 Village or City Cumberland, Md

Registration Dist. No. *f*

No. 581 Arnett Terrace

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Dean L. Myers*(a) Residence: No. 581 Arnett Terrace St., 1 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>singles</i>
-------------------------	----------------------------------	--

 5a. If married, widowed, or divorced  
 HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

*Feb. 19. 1931*

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		<i>21</i>	

 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year)
At Home  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)13. NAME *Robert L. Myers*14. BIRTHPLACE (city or town)  
(State or country)15. MARRIED NAME *Simella Canfield*16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address) *Robert L. Myers*  
Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL

Place *at Rose Hill* Date *3.15.1931*19. UNDERTAKER  
(Address) *John C. Wolford*  
Cumberland, Md20. FILED *3/15-31 Harvey & Weiss*

Registrars

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Mar 13. 1931*

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from *March 10, 1931, to March 13, 1931*I last saw him alive on *March 13, 1931*; death is said to have occurred on the date stated above, at *8 p.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Bronchial pneumonia*Date of onset *3-9-31*

Other Contributory Causes of importance:

Name of operation *none* Date of *—*What test confirmed diagnosis? *Examination* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *W.H. Hodges* M.D.  
(Address) *Cumberland, Md*

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows.

<u>Arteriosclerosis</u>	ASB 7 1931
<u>Chronic interstitial nephritis</u>	
<u>Cerebral hemorrhage</u>	BUREAU V.S.

### Example 11

The principal cause of death and related causes of importance were as follows:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	<i>Attack of epilepsy</i>	1 week ago
1921	<i>Run over by street car</i>	1 week ago
July 5, 1927	<i>Peritonitis</i>	3 days ago
	<b>Other contributory causes of importance:</b>	
May 1, 1923	<i>Gastroenteritis</i>	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## 1 PLACE OF DEATH

County AlleganyVillage or City Eckhart (No.)2 FULL NAME Mary Elizabeth Myers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	married

## 6 DATE OF BIRTH

March 23, 1895  
(Month) (Day) (Year)

## 7 AGE

35 yrs. 11 mos. 22 ds. or min.

If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Housework.  
 (b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country)

Eckhart, Md.

## 10 NAME OF FATHER

Fred Rehmann

## 11 BIRTHPLACE OF FATHER

(State or country)  
Eckhart, Md.

## 12 MAIDEN NAME OF MOTHER

Annie Price

## 13 BIRTHPLACE OF MOTHER

(State or Country)  
Lonaconing

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victor Rehmann(Address) Eckhart, Md.15 Filed 3/18/31 W. W. M. Lane, Registrar

02778

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 9

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

3 15-, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 3-8- 1921 to 3-15- 1921, that I last saw her alive on March 15, 1921,

and that death occurred on the date stated above, at 9 P.M. The CAUSE OF DEATH \* was as follows:

Pneumonia(Duration) yrs. mos. 5 da.Contributory  
SecondaryInfluenza + pleurisy(Duration) yrs. mos. 10 da.

(Signed)

J. Ober M. D.  
3-18-1921 (Address) Eckhart, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place \_\_\_\_\_ yrs. mos. ds. In the State \_\_\_\_\_ yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

## 19 PLACE OF BURIAL OR REMOVAL

Eckhart Cemetery DATE OF BURIAL March 18, 1931

## 20 UNDERTAKER

Jacob Hofer ADDRESS Frostburg, Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Sulphurary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worker<sup>1</sup> on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dairy laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOL VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County ALLEGHENY

Village or City CUMBERLAND, MD (No. MEMORIAL HOSPITAL)

2 FULL NAME

Irma Nave

02779

WITHIN CORPORATE LIMITS

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX FEMALE	4 COLOR OR RACE WHITE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  SINGLE
-----------------	--------------------------	--

6 DATE OF BIRTH

JUNE, 22, 1915, 1  
(Month) (Day) (Year)

7 AGE

15 yrs. 8 mos. 19 ds. If LESS than  
1 day hrs. or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work STUDENT  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

PENNSYLVANIA

10 NAME OF FATHER

WILLIAM C. NAVÉ

11 BIRTHPLACE OF FATHER

(State or country)

PENNSYLVANIA

12 MAIDEN NAME OF MOTHER

EFFIE DeVORE

13 BIRTHPLACE OF MOTHER

(State or Country)

PENNSYLVANIA

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) MEMORIAL HOSPITAL

(Address) CUMBERLAND, MD

15 Filed

March 13, 1931. Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

MARCH, 11, 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

March 9, 1931, to March 11, 1931,

that I last saw her alive on March 11, 1931,

and that death occurred on the date stated above, at 11:45 m.

The CAUSE OF DEATH \* was as follows:

*Obstetric hemorrhage  
following confinement  
of a female infant  
weighing about 7 lbs.  
Duration 1 yrs. 0 mos. 0 ds.*

Contributory  
Secondary

*Emphysema, chronic  
Duration 1 yrs. 0 mos. 0 ds.*

(Signed) *J. H. Weiss* (Address) *Cumberl. Md.*

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? MEMORIAL HOSPITAL

Former or usual residence BEDFORD VALLEY, PA.

19 PLACE OF BURIAL OR REMOVAL Union Cemetery, Pa. Mar 14, 1931, 19

20 UNDERTAKER

John C. Wolford Cumberland Md

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocer;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (Retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 7 1931

01  
BUREAU V. A.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02780

## 1. PLACE OF DEATH

County Allegany  
Village or City Cumberland

Registration Dist. No. 4St. 5

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Barney Drapine Nichols(a) Residence: No. 328 EmilySt. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Single</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

July 21-1925

7. AGE Years <u>5</u>	Mos. <u>7</u>	Days <u>19</u>	If LESS than 1 day, ____ hrs. or ____ min.
-----------------------	---------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Md13. NAME Barney Nichols14. BIRTHPLACE (city or town)  
(State or country)Md15. MAIDEN NAME Ethel Harvey16. BIRTHPLACE (city or town)  
(State or country)Md17. INFORMANT Ethel Nichols  
(Address) Cumberland18. BURIAL, CREMATION, OR REMOVAL  
Place Hillcrest Cemetery Date March 12, 193119. UNDERTAKER Sam Stein  
(Address) Cumberland, Md20. FILED March 11, 1931 Harvey H. Nichols

Registrar.

WITHIN CORPORATE LIMITS

92-a

No. 328 Emily St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a hospital or institution, give its NAME instead of street and number)

If death occurred in a hospital or institution, give its NAME instead of street and number)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

3 (Month) 10 (Day), 1931 (Year)I HEREBY CERTIFY That I attended deceased from Feb. 28th 1931 to March 10th, 1931I last saw her alive on March 9th, 1931; death is said to have occurred on the date stated above, at A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Neuritis, acute, cerebral

Other Contributory Causes of importance:

Nephritis, acute, cerebral

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: \_\_\_\_\_

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HMDE, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. R. L. M. D.(Address) Cumberland, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 7 1931	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU V. S.	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02781

## 1. PLACE OF DEATH

County

Allegany <sup>(18)</sup> WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Village or City

Cumberland

Ward 4

Length of residence in city or town where death occurred

yrs.

mos.

3

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

James Nolen

Orange, N. Jersey

Ward.

Orange, N. J.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days      If LESS than  
19      -      -      1 day,      hrs.  
or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

13. NAME      Nolen

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME      Kathryn Anderson

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT      Record of Allegany Hospital  
(Address) Cumberland Md.18. BURIAL, CREMATION, OR REMOVAL  
Allegany County Cemetery Date Mar 21, 193119. UNDERTAKER      Town of Cumberland  
(Address) Cumberland Md.

20. FILED      Mar 21, 1931      Harvey H. Weiss

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 21, 1931

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 18, 1931, to March 21, 1931

I last saw him alive on March 20, 1931; death is said to have occurred on the date stated above, at 12:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Meningitis  
(Epidemic Type)Date of onset  
3/18/31

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *R. P. Barnes* M. D.

(Address) Cumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02782

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County allegany (1-5) WITHIN CORPORATE LIMITS Registration Dist. No. 4  
 Village or City Crownland No. allegany Wards St., 4 Ward  
 Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U.S. if of foreign birth? yrs. mos.

## 2. FULL NAME

Miss Mary O'Neil  
 (a) Residence: No. Mt. Savage Pand St. Ward. Mt. Savage, Md.  
 (Usual place of abode)  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
white	Irish	Singl

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

April 1865

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town)  
 (State or country)

Ireld

## MOTHER

## FATHER

13. NAME Richard O'Neil

14. BIRTHPLACE (city or town)  
 (State or country)

Ireland

15. MAIDEN NAME Mary O'Neil

16. BIRTHPLACE (city or town)  
 (State or country)

Ireland

17. INFORMANT Richard O'Neil

(Address)

Frontage Rd.

18. BURIAL, CREMATION OR REMOVAL

Place St. Patrick's Cem. Date Mar 28, 1931

19. UNDERTAKER Louis Steiger Lyc

(Address)

Crownland, Md

20. FILED

Mar 29, 1931 Harvey N. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 26, 1931  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar 15, 1931 to Mar. 26, 1931; death is said

I last saw her alive on Mar. 26, 1931; to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Septricemia (S. colig.)  
Bacillus pneumoniae Mar. 19

Other Contributory Causes of importance:

Influenza Date Mar. 13

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis hem & lob Was there an autopsy yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. M. O'Neil M. D.

(Address) 191 Liberty St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED	
	APR 7 1931
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V S	

The principal cause of death and related causes of importance were as follows:

Example II

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:	Other contributory causes of importance:	Date of onset
Gallstones	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE and CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County allegany  
WITHIN CORPORATE LIMITS OF  
Village or City Westminster

2 FULL NAME James Franklin Patrick

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		
6 DATE OF BIRTH <u>April 7</u> (Month) (Day) (Year)				
7 AGE <u>63 yrs.</u>	8 FELESS than 1 day hrs. 6 ds. or min?			
9 OCCUPATION (a) Trade, profession or particular kind of work <u>Postal Clerk affccor</u> (b) General nature of industry or business, or establishment in which employed or (employer) <u>motorist &amp; Retired</u>				
10 BIRTHPLACE (State or country) <u>Maryland</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>Andrew Patrick</u>				
12 MAIDEN NAME OF MOTHER <u>Charlotte Foyenbaker</u>				
13 BIRTHPLACE OF MOTHER (State or Country) <u>Md.</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				

(Informant) Mrs. Josey G. Gray  
(Address) Westminster, Md.

15 Filed 3-15 1931 J. S. Board  
1931 Registrar

62783

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 1

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>March 13</u> , 19 <u>31</u> (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended the deceased from <u>March 10</u> 19 <u>31</u> to <u>March 13</u> 19 <u>31</u> , that I last saw him alive on <u>March 13</u> , 19 <u>31</u> , and that death occurred on the date stated above, at <u>8:40 A.M.</u> The CAUSE OF DEATH * was as follows: <u>Influenza and Sabor Pneumonia</u>					
(Duration) <u>0 yrs. 0 mos. 4 ds.</u>					
Contributory Secondary					
(Signed) <u>Paul G. Wilson</u> M.D. March 15, 1931 (Address) <u>Pediment St. W. Va.</u>					
* State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.					
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)					
At place of death yrs. mos. ds.					In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?					
Former or usual residence.					
19 PLACE OF BURIAL OR REMOVAL <u>Philos Cemetery</u>					DATE OF BURIAL <u>March 16 1931</u>
20 UNDERTAKER <u>J. S. Board</u>					ADDRESS <u>Westminster, Md.</u>

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

Wilson W. Gray

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleeman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group A"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1931

BUREAU

## MARGIN RESERVED FOR BINDING

M  
S  
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County

WITHIN CORPORATE LIMITS OF Allegany

02784

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Village or City

No.

Frostburg, Maryland Hospital

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

3 5, 1931  
(Month) (Day) (Year)

7 AGE

yrs. mos. ds. or min.

If LESS than  
1 day... Hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

2/4 1931 Dr. W. O. Lane Jr.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 5, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

182 to, 192,

that I last saw h olive on 1, 192,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) DCohley M. D.

Mar. 5, 1931 (Address) Frostburg, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL ✓ DATE OF BURIAL ✓ , 19

20 UNDERTAKER ✓

ADDRESS ✓

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever"; *infl meningitis*"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *a. pneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *telomus*) may best be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1931

BUREAU U. S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02785

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland

WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

N<sup>d</sup>. Walton Hotel

xx, 4

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Thomas E. Redmond.

(a) Residence: No. Walton Hotel, 202 Baltimore Ave xx Ward 4.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	--

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) About 1871

7. AGE Years Months Days If LESS than  
About 60 1 day, hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER Hospital Orderly.  
SAWYER, BDOKEEKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) About Feb. 10, 1931. 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) Unknown  
(State or country)

13. NAME Redmond

14. BIRTHPLACE (city or town) Unknown  
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
(State or country)17. INFIRMARY Sisters of Charity,  
(Address) Cumberland, Md.18. BURIAL, CREMATION, OR REMOVAL  
St. Patricks Cem., Date Mch. 20, 1931.19. UNDERTAKER Louis Stein, Inc.  
(Address) Cumberland, Md.20. FILED Mch. 20, 1931. Harvey H. Weiss,  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH March 17, 1931.

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h. alive on about , 19 ; death is said

to have occurred on the date stated above, at about 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Hemorrhage.

Body found at 10:30 A.M.

March 18, 1931.

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harvey H. Weiss,

(Address) Local Registrar.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I <b>RECEIVED</b>	
The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 7 1931
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<b>BUREAU V.8</b>	

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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**M** WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
**N. B.**--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County Allegany WITHIN CORPORATE LIMITS (131)

Village or City Cumberland (No.)

02786

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4St. 6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Lucile C. Reed

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female	White	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the way)
		<u>MARRIED</u>

6 DATE OF BIRTH

Aug 12, 1878  
 (Month) (Day) (Year)

7 AGE

57 yrs. 7 mos. 11 ds. or min.?

If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Housework  
 (b) General nature of industry business, or establishment in which employed or (employer) At Home.

9 BIRTHPLACE  
(State or country)D. Va.

10 NAME OF FATHER

Harry Cunningham11 BIRTHPLACE OF FATHER  
(State or country)D. Va.

12 MAIDEN NAME OF MOTHER

Albertine Pharis13 BIRTHPLACE OF MOTHER  
(State or Country)D. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lucile C. Reed(Address) Cumberland, Md.

15

Filed Mar. 23, 1931. Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 23, 1931

(Month) (Day)

(Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 14, 1931, to Mar 23, 1931,that I last saw him alive on Mar 23, 1931, and that death occurred on the date stated above, at Cumberland.  
 The CAUSE OF DEATH \* was as follows:Ch. dnts. nephritis(Duration) 1 yrs. mos. ds.

Contributory Secondary

(Duration) 1 yrs. mos. ds.

(Signed)

J. Karsch M. D.  
3/23/31 (Address) Cumberland, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 9 yrs. 9 mos. 9 ds. In the State 25 yrs. mos. ds.Where was disease contracted, if not at place of death? 335 Central AveFormer or usual residence Cumberland, Md.

19 PLACE OF BURIAL OR REMOVAL

Hillcrest Cem. DATE OF BURIAL Mar 25, 1931

20. UNDERTAKER

Lewis Stein Joe Cumberland ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

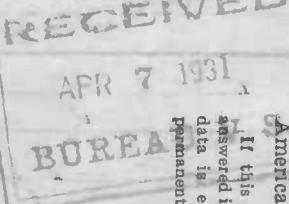
(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houserwork*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *teanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

MARGIN PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County alleganyVillage or City Lonaconing (No.)

## 2 FULL NAME

Agnes H. Reed

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Oct 19, 1866  
(Month) (Day) (Year)

7 AGE

64 yrs. 4 mos. 22 ds. If LESS than  
1 day hrs.  
or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work Retired  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF FATHER

Ralph Reed

11 BIRTHPLACE OF FATHER

(State or country)

Nova Scotia

12 MAIDEN NAME OF MOTHER

Jean Barber

13 BIRTHPLACE OF MOTHER

(State or Country)

Nova Scotia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Agnes Reed

(Address)

Lonaconing, Md.

15

Filed

3/13/31 192

E. Don Gifford

Registrar

62787

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

3 11, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

27/1 1931 to 3/11/31, 1921, alive on 31/03/1921,

and that death occurred on the date stated above, at 6 p.m.

The CAUSE OF DEATH \* was as follows:  
Cardiac Dilation (acute)Asthma (Duration) 11 yrs. mos. da.Contributory Secondary Pulmonary Abscess (Duration) yrs. 1 mos. 14 da.(Signed) E. Don Gifford M. D. 3/13/31 (Address) Lonaconing

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. da.

In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Oak Hill Cemetery Mar 13, 1931

20 UNDERTAKER

M. Gichhorn Lonaconing, Md.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intestinal nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1931

BUREAU V. S.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Allegany

Village or City

Mt Savage

## 2 FULL NAME

George Samuel Rice

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Dec. 14, 1888

(Month)

(Day)

(Year)

7 AGE

42 yrs. 2 mos. 22 days or min?

If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

1931 - H. J. Bostetter, S.  
Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02788

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 70

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1931  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended the deceased from  
March 1, 1931 to March 6, 1931,

that I last saw him alive on March 5, 1931,

and that death occurred on the date stated above, at 7:20 A.M.

The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage.  
Rt Side Paralyzed.Contributory  
Secondary Epilepsy - Hypertension  
Pneumonia. (Duration) yrs. mos. ds.

(Signed) H. J. Bostetter (Address) Mt. Savage Md. M. D. 8

3/6 1931

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. Savage Md. DATE OF BURIAL  
Mar 8, 1931

20 UNDERTAKER

J. J. Durst ADDRESS  
Huntington Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmädchen*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-signal meningitis"); *Diphtheria* avoid use of "Group"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, "Carcinoma," *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mumps*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02789

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland, Md

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No.

No. 53 Marion St

St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Mary R. Rice

(a) Residence: No.

53 Marion

(Usual place of abode)

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	MARIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Ranson H. Rice
--	----------------

6. DATE OF BIRTH (month, day, end year)	Dec 18th 1869
---	---------------

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55	61	3	2

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House wife
---	------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
--	--

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town) (State or country)	Ohio
---	------

13. NAME	George Gephart
----------	----------------

14. BIRTHPLACE (city or town) (State or country)	Md
---	----

15. MAIDEN NAME	Rickey Miller
-----------------	---------------

16. BIRTHPLACE (city or town) (State or country)	Germany
---	---------

17. INFORMANT	Ranson H. Rice
---------------	----------------

18. BURIAL, CREMATION, OR REMOVAL Place	Mr. Pleasant
--	--------------

Date Mar 22, 1931

19.

19. UNDERTAKER	John C. Wolford
----------------	-----------------

(Address)	Cumberland, Md
-----------	----------------

20. FILED	Mar 21, 1931
-----------	--------------

Registrar.

21. DATE OF DEATH	Mar. 20. 1931
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(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
---

March 14, 1931, to March 20, 1931.

I last saw her alive on March 20, 1931; death is said

to have occurred on the date steted above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Erysipelas

Date of onset  
3/19/31

Other Contributory causes of importance:

Tonsilitis  
Acidosis may had  
refused hospitalization.3/14/31  
3/16-31

Name of operation none Date of none

What test confirmed diagnosis Examination Was there an autopsy no

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19-

Where did injury occur? None

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

no

Manner of injury = - - -

Nature of injury - - -

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) C.R. Hodges

(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	RECEIVED BUREAU V.S.
Chronic interstitial nephritis	1921	
Cerebral hemorrhage	July 5, 1927	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTION OF AGE AND DATE OF BIRTH OF DECEASED AUTHORIZED June 11, 1931, by LETTER  
FILED UNDER "DOCTOR W. R. HODGES".

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

## 1 PLACE OF DEATH

County allegany

WITHIN CORPORATE LIMITS OR

Village or City Frostburg (No.)

02790

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

## 2 FULL NAME

Mrs Elizabeth Richardson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDwidowed  
(Write the word)

6 DATE OF BIRTH

Mar 24 1853  
(Month) (Day) (Year)

7 AGE

77 yrs. 11 mos. 15 ds. If LESS than  
1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Housework9 BIRTHPLACE  
(State or country)England10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. J. S. Richardson(Address) Frostburg Md.

15 Filed

2/12/31

1921

1921

D.W. Mc Lane

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 11 1921

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb 18 1921 to Mar 11 1921,that I last saw her alive on Mar 10 1921,  
and that death occurred on the date stated above, at 12 P.M. m.m.

The CAUSE OF DEATH \* was as follows:

Cerebral hemorrhageRight hemiplegia

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Wm. H. Lane Jr. M. D.(Address) Frostburg Md.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? Frostburg Md.Former or usual residence Central St Frostburg Md.

19 PLACE OF BURIAL OR REMOVAL

allegany Cemetery Frostburg

20 UNDERTAKER

J. J. Burnst

DATE OF BURIAL

Mar 14 1921

ADDRESS

Frostburg

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Hunter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriver*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *... pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Recover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, *... as fracture of skull*, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02791

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Allegany  
Village or City Cumberland

WITHIN CORPORATE LIMITS 107-cc

Registration Dist. No. 4

4

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

William Robinson  
813 Columbia Ave 1

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white Divorced

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 1 1900

7. AGE Years Months Days If LESS than  
30 2 17 1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) — March 3111. Total time (years)  
spent in this  
occupation 14 yrs12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME

Edward Robinson

14. BIRTHPLACE (city or town)  
(State or country)

Virginia

15. MAIDEN NAME

Surie Beerman

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

Edward G. Robinson  
(Address) 813 Columbia St City

18. BURIAL, Cremation, or Removal

Place Cemetery Date Mar 19, 1931

19. UNDERTAKER

(Address) Louis Stein Inc  
Cumberland, Md.

20. FILED

Mar 18, 1931 Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 17 Th 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 13, 1931, to March 17, 1931.  
I last saw him alive on March 16, 1931; death is said  
to have occurred on the date stated above, at 7:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Broncho-pneumonia

Date of onset  
3:12:31

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

P. P. Davis  
Cumberland, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED APR 7 1931	Date of onset	Date of onset
Chronic interstitial nephritis		1915	1 week ago
Cerebral hemorrhage	BUREAU	1921	1 week ago
		July 5, 1937	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02792

1 PLACE OF DEATH County <u>Allegany</u>		WITHIN CORPORATE LIMITS OF <u>93-C</u>		STATE OF MARYLAND CERTIFICATE OF DEATH			
Village or City <u>Dicksting</u> (No. <u>110</u> )				Registration Dist. No. <u>9</u>			
2 FULL NAME <u>Sarah Rooney</u>				St. _____	Ward) _____	(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>	MEDICAL CERTIFICATE OF DEATH				
6 DATE OF BIRTH <u>July 14</u>	(Month)	(Day)	16 DATE OF DEATH <u>Mar 2</u>	(Month)	(Day)	(Year)	
7 AGE <u>80</u>	YRS. - mos.	ds. or min.	If LESS than 1 day, hrs.	I HEREBY CERTIFY, That I attended the deceased from <u>June 1</u> , 1928, to <u>Mar 2</u> , 1921,			
B OCCUPATION (a) Trade, profession or particular kind of work <u>House Wife</u>				that I last saw her alive on <u>Mar 1</u> , 1921,			
(b) General nature of industry business, or establishment in which employed or (employer) <u>None</u>				and that death occurred on the date stated above, at <u>1145 P.M.</u> The CAUSE OF DEATH * was as follows:			
9 BIRTHPLACE (State or country) <u>Md</u>				<u>Chronic myocarditis</u>			
10 NAME OF FATHER <u>May Hamilton</u>				Contributory Secondary <u>Sensibility</u>			
11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>				(Duration) <u>7</u> yrs. mos. ds.			
12 MAIDEN NAME OF MOTHER <u>Ella Johnson</u>				(Duration) <u>None</u> yrs. mos. ds.			
13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>				(Signed) <u>Woman</u> <u>Last Dr</u> M. D. <u>Mar 3 1921</u> (Address) <u>Frostburg Md</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Rooney</u>							*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Address) <u>Frostburg</u>							18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds.
							In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?							Former or usual residence.....
15 Filed <u>15 Mar 1921</u> (At) <u>Atom Malone</u>							19 PLACE OF BURIAL OR REMOVAL <u>St Michael Cem.</u>
							DATE OF BURIAL <u>Mar 25, 1921</u>
Registrar							ADDRESS <u>Frostburg</u>
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.							20 UNDERTAKER <u>J J Hess</u>

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritacaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Septicemia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

② If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 4 1931  
PURCHASED

## MARGIN RESERVED FOR BINDING

**N. B.**--Every item of information should be carefully supplied. **AGE** should be stated **EXACTLY**, **Physical** **CHARACTER** should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. **Exact statement of OCCUPATION is very important. See instructions on back of certificate.**

## 1 PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS OF

02793

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

Village or City Frostburg (No. 23) St. \_\_\_\_\_ Ward) \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Baby Rooney

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)SingleMalewhite

6 DATE OF BIRTH

Mar 9 1931 (Month) St. John (Day) 1 (Year)

7 AGE

St. John If LESS than  
yrs. mos. ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work.....  
 (b) General nature of industry business, or establishment in which employed or (employer).....

St. John

9 BIRTHPLACE

(State or country)

Frostburg Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

St. John Mar 9 1931 (Month) 1931 (Day) 1931 (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192..., 192...

that I last saw h ..... alive on 192..., 192...,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH \* was as follows:

St. John

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Wm. Lane Jr. M. D.  
Mar 9 1931 (Address) Frostburg\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St Michael Cem

DATE OF BURIAL

Mar 9 1931

20 UNDERTAKER

None

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral spinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Gangrene");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

APR 4 1931

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02794

## 1. PLACE OF DEATH

County AlleganyWITHIN CORPORATE LIMITS (S)Registration Dist. No. 4Village or City CumberlandSt. 4 Ward 4

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Rose(a) Residence: No. 13 E Firth

(Usual place of abode)

St. 6-2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female COLOR OR RACEWhite5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Mar 17-31

7. AGE Years Months Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

n.n.e.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)Ind.13. NAME James A. Rose14. BIRTHPLACE (city or town)  
(State or country)Ind.

Date of

15. MAIDEN NAME Helen Darish16. BIRTHPLACE (city or town)  
(State or country)Ind.

Was there an autopsy?

17. INFORMANT Jas. A. Rose  
(Address) Cumberland, Md.18. BURIAL, Cremation, or Removal  
Place St. Peter & Paul Cemetery Date Mar 18, 1931

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

19. UNDERTAKER Lewis Stein Inc.  
(Address) Cumberland, Md.20. FILED Mar. 17, 1931 Harvey H. Weiss  
Registrar

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. A. Rose M. D.  
(Address) 41 - 1st Street, St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis	APR 7 1928	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BOSTON MASS	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

02795

## 1. PLACE OF DEATH

County

Cecil

Village or City

Cumberland

WITHIN CORPORATE LIMITS  
107-a

Registration Dist. No.

4

St. 4 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Beatrice Lee Sapp.

218 Glenn St., 4 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

II LESS than  
1 day, . . . hrs.  
or . . . min.

March 31 - 1930

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, Cremation, or Removal

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

Date

Signature

Address

M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 7  
(Month) (Day)1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb 26, 1931, to March 7, 1931

I last saw her alive on March 4, 1931; death is said

to have occurred on the date stated above, at 10 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchopneumonia  
Date of onset  
Feb 26, 1931

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Mrs. G. Owens

(Signed) 133 wa ave

(Address) Cumberland Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

Mother's married name "Sapp" - child illegitimate - see  
correspondence under "Sapp" - June - 1931 - many

## MARGIN RESERVED FOR BINDING

**S**  
**M**

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County ALLEGANY

WITHIN CORPORATE LIMITS

02796

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City CUMBERLAND (No. MEMORIAL HOSPITAL)

6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Stillborn Schramm

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

## 6 DATE OF BIRTH

March 14, 1931  
(Month) (Day) (Year)

## 7 AGE

Stillborn  
yrs. mos. ds. or min?IF LESS than  
1 day hrs.  
or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Maryland,

## 10 NAME OF FATHER

Ernest Schramm Jr.

## 11 BIRTHPLACE OF FATHER

(State or country)

Maryland,

## 12 MAIDEN NAME OF MOTHER

Naoma Pitzer,

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Memorial Hospital,

(Address) Cumberland Md.

15 Filed *Mar. 14, 1931 Harvey H. Weiss*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Mar. 14, 1931

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

*Mar. 14, 1931 to Mar. 14, 1931*that I last saw him ~~dead~~ alive on *Mar. 14, 1931*

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH \* was as follows:

*Stillborn*

(Duration) yrs. mos. ds.

Contributory  
Secondary*Premature birth  
(8 months)*

(Duration) yrs. mos. ds.

(Signed) *Joe V. Ambrose* M. D.

Mar. 14, 1931 (Address) 41 Green St.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence *Memorial Hospital, Cumberland Md.*

## 19 PLACE OF BURIAL OR REMOVAL

*Rose Hill Cemetery* DATE OF BURIAL *Mar. 16, 1931*

## 20 UNDERTAKER

*G. J. Butler* ADDRESS *Cumberland*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Sutlary*, *fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 7 1931

BUREAU V.

1. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.  
2. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis* of *lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62797

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Allegany  
Cumberland117-2  
WITHIN CORPORATE LIMITS

Registration Dist. No. 4

Village or City

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

117 Arch St.

St. 62 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Male white Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Rebecca J. Hendershot

6. DATE OF BIRTH (month, day, and year)

July 6 - 1857

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

73

8

14

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Carpenter

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Retired

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation.

12. BIRTHPLACE (city or town)

(State or country)

Penns

MOTHER

FATHER

13. NAME Henry Schriver

14. BIRTHPLACE (city or town)

(State or country)

Holland

15. MAIDEN NAME Mary Heavner

16. BIRTHPLACE (city or town)

(State or country)

Europe

17. INFORMANT

(Address)

Frank J. Schriver  
117 Arch St.

18. BURIAL, CREMATION, OR REMOVAL

Plot Rock Valley Pa Date Apr. 2, 1931

19. UNDERTAKER

(Address)

Quinn & Son Inc.  
Cumberland Md.

20. FILED

(Address)

Apr. 31, 1931 Harvey H. Weiss

V. S. No. 1

T  
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar. 20  
(Month) (Day), 1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1, 1931, to Mar. 20, 1931.  
I last saw him alive on Mar. 20, 1931; death is said  
to have occurred on the date stated above, at 5:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Myocarditis

Date of onset  
about Nov. 1930

Other Contributory Causes of importance:

Gastric Ulcer

Name of operation

Data of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. L. French M. D.  
(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	BUREAU OF	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany

02798

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 12Village or City Ocean (No. ....)

(108)

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

George A. Legge

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)MaleWhiteMarried

6 DATE OF BIRTH

April 11, 1903  
(Month) (Day) (Year)

7 AGE

27 yrs. 10 mos. 22 ds. or min.If LESS than  
1 day hrs.  
or min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Cabover  
 (b) General nature of industry business, or establishment in which employed or (employer) Cabover

## 9 BIRTHPLACE

(State or country)

Maryland

## PARENTS

## 10 NAME OF FATHER

George A. Legge

## 11 BIRTHPLACE OF FATHER

(State or country)

Scotland

## 12 MAIDEN NAME OF MOTHER

Susanna Fioritz

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Robert White

(Address)

Ocean, Md

15

Filed Mar 4 1931R. J. Stakem

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 3, 1931  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Feb 27, 1931 to Mar 3, 1931that I last saw him alive on Mar 2, 1931and that death occurred on the date stated above, at 7:00 AM.

The CAUSE OF DEATH \* was as follows:

Lobar Pneumonia(Duration) 6 yrs. 6 mos. 6 ds.Contributory  
Secondary(Duration) 6 yrs. 6 mos. 6 ds.(Signed) Maryland Dr. Forth M. D.(Address) Mar 4, 1931 Foothills, Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Allegany Cemetery Mar 6, 1931  
DATE OF BURIAL

## 20. UNDERTAKER

R. J. Stakem ADDRESS Ocean City, Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral Malaria (the only definite synonym is "Epidemic cerebral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
 N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62799

## 1. PLACE OF DEATH

County

allegany

199-5

Registration Dist. Nd.

Village or City

Cumberland

WITHIN CORPORATE LIMITS

4

St. 4 Ward

Length of residence in city or town where death occurred

yrs.

mos.

7 ds.

How long to U.S. if of foreign birtb?

yrs. mos. ds.

## 2. FULL NAME

(a) Residence: Nd.

Margaret Marie Skidmore

Rowlings Ind. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Albert D.

6. DATE OF BIRTH (month, day, and year)

Dec 11 1903

7. AGE

Years

27

Months

2

Days

20

If LESS than

1 day, . . . hrs.  
or . . . min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

House Wife  
At Home

Since Marriage

12. BIRTHPLACE (city or town)

(State or country)

Fred

MOTHER FATHER

13. NAME

Andrew Mayhem

14. BIRTHPLACE (city or town)

(State or country)

Fred

15. MAIDEN NAME

Emma Denneen

16. BIRTHPLACE (city or town)

(State or country)

Dewina

17. INFORMANT

Albert D. Skidmore

(Address)

Rowlings Ind.

18. BURIAL, CREMATION OR REMOVAL

Place

Westernport Md

Date Mar 4, 1931

19. UNDERTAKER

Fournier Stein Fine

(Address)

Cumberland Ind

20. FILED

Mar. 3, 1931 Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 1 -

(Month)

(Day)

, 1931  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 24 1931 to March 1, 1931; death is said

I last saw her alive on Mar 1 - 1931; death is said

to have occurred on the date stated above, et 9 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paralytic Stroke - following  
abdominal operation for  
varicose Pyl - Empyema.

Date of onset

Other Contributory Causes of importance:

Name of operation Laryng. &amp; Scler. Date of 2-24-31

What test confirmed diagnosis? Inspiration Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Webster  
122 Rynd St. Cumberland

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 7 1921
Chronic interstitial nephritis	1921
Cerebral hemorrhage	BUREAU V.E. July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.:--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## PLACE OF DEATH

County AlleganyVillage or City Little Orleans (No.)

02800

STATE OF MARYLAND  
CERTIFICATE OF DEATH

107-a

Registration Dist. No. 1

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virgie May Smallwood

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

7

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

April

—

1924

(Month)

(Day)

(Year)

7 AGE

6 yrs. 11 mos.

IF LESS than

1 day hrs.

ds. or min.)

8 OCCUPATION

(a) Trade, profession or particular kind of work

At home

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

West Virginia

PARENTS

10 NAME OF FATHER

Charley Smallwood

11 BIRTHPLACE OF FATHER

(State or country)

West Virginia

12 MAIDEN NAME OF MOTHER

Lena Henderson

13 BIRTHPLACE OF MOTHER

(State or Country)

West Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

L. M. Donald

(Address)

Little Orleans Md

15

Filed

Mar. 22 1981 G. T. Mann

Signed and Registered

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 21, 1981

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Mar. 18 1981 to Mar. 21, 1981that I last saw her alive on Mar. 21, 1981and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH \* was as follows:

Bronch pneumonia

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) J. A. Watson M. D.(Address) Hancock, Md. P. 3

\*State the disease causing death, or, in deaths from violent causes, state (1) means of injury and (2) whether accidental, suicidal or homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Little Orleans M. E. Cemetery Mar. 29, 1981

DATE OF BURIAL

20 UNDERTAKER

Eph Smith

ADDRESS

Engle Smith Dr.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation, whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-s.inal meningitis"); *Diphtheria* (avoid use of "Group"). *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia (secondary)*, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may bestated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

**V** If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 9 1932

BUREAU

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02801

## 1. PLACE OF DEATH

County AlleganyVillage or City Cumberland

WITHIN CORPORATE LIMITS

Registration Dist. No. 4Length of residence in city or town where death occurred 30 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Immler & Mapleside, 6-2 Ward2. FULL NAME Eliza Jane Smith(a) Residence: No. Immler & Mapleside, 6-2 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Husband of

(or) Wife of

John Smith

6. DATE OF BIRTH (month, day, and year)

July 3 1863

7. AGE

Years

Months

Dey

If LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

8. Trade, profession, or particular

kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month end

year)

11. Total time (years)

spent in this

occupation

12. BIRTHPLACE (city or town)

(State or country)

Pa.13. NAME James Barnes

14. BIRTHPLACE (city or town)

(State or country)

Pa.15. MADIOEN NAME Annie Northrup

16. BIRTHPLACE (city or town)

(State or country)

Pa.17. INFORMANT Albert Smith

(Address)

Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place Mr. Herman Land Date Mar. 5, 193119. UNDERTAKER Lonia Stein Inc.

(Address)

Cumberland Md.20. FILED Mch. 4, 1931 Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

3 - 2 - 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1. 28. 1931 to 3. 2. 1931

I last saw her alive on 3. 2. 1931; death is said

to have occurred on the date stated above, at 3 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Enteric Clerosis

Date of onset

## Other Contributory Causes of Importance:

Fractured right femur  
by falling  
Jan. 28, 1931  
last appliedName of operator 2-4-31 Date of Data ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. H. Weiss M. O.(Address) Cumberland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02802

## 1. PLACE OF DEATH

County AlleganyVillage or City Cross IslandWITHIN CORPORATE LIMITS <sup>(10)</sup>Registration Dist. No. 4

St. 6-21 Ward

Length of residence in city or town where death occurred 15 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? ys. mos. ds.2. FULL NAME General Squires(a) Residence: No. 203 Memphis

(Usual place of abode)

St. 6-21 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MARRIED

## 6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofUlysses

## 6. DATE OF BIRTH (month, day, and year)

April 16 1874

## 7. AGE

56

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.House wife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Home10. Date deceased last worked at  
this occupation (month and  
year)Mar. 15 11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

H. Va.

## MOTHER FATHER

## 13. NAME

Berard Dodson

## 14. BIRTHPLACE (city or town)

(State or country)

H. Va.

## 15. MAIDEN NAME

Arizona Davis

## 16. BIRTHPLACE (city or town)

(State or country)

H. Va.

## 17. INFORMANT

(Address)

H. S. SquiresCross Island

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Hillcrest Cem. Date Mar. 26, 1931

## 19. UNDERTAKER

(Address)

Lewis Stein Inc.Cross Island

## 20. FILED

Date

Mar. 25, 1931Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar23

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Mar 17, 1931, to Mar 23, 1931I last saw her alive on Mar 23, 1931; death is saidto have occurred on the date stated above, at 9:40 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Lobar Pneumonia

Date of onset

Mar 16, 1931

## Other Contributory Causes of importance:

Asthma

1926

Name of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signature)

L. L. Lanier

M. O.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02803

## 1. PLACE OF DEATH

County

Allegany

Village or City

Cumberland

WITHIN CORPORATE LIMITS

Registration Dist. No.

4

St. 6-2 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

228

Thomas

(Usual place of abode)

St. 6-2

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

?

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

Sa. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 11, 1931

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Cumberland, Md.

13. FATHER

NAME

J. B. Stewart

14. MOTHER

NAME

Cumberland, Md.

15. MATURED NAME

NAME

Flozie Walter

16. BIRTHPLACE (city or town)  
(State or country)

Cumberland, Md.

17. INFORMANT

(Address)

By mother

18. BURIAL, CREMATION, OR REMOVAL

Place

Cumberland, Md.

19. UNDERTAKER

(Address)

Forties destroyed

20. FILED

(Address)

Mar. 11, 1931 Harvey &amp; Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 11

(Month)

(Day)

1931  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 11, 1931, to March 11, 1931

I last saw him alive on March 11, 1931; death is said

to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Miscarriage

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

S. J. Jeraff

(Signed)

M. D.  
Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED  
Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
Gastroenteritis	1 year

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

02804

## 1. PLACE OF DEATH

County Allegany, WITHIN CORPORATE LIMITS 82-a  
 Village or City Cumberland  
 Length of residence in city or town where death occurred 20 yrs.

Registration Dist. No. 4

No. 116 S. Smallwood St., /

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Stoddard(a) Residence: No. 116 S. Smallwood St., / Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>MARRIED</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Anelia6. DATE OF BIRTH (month, day, and year) Sept 1 1848

7. AGE <u>82</u>	Years	Months <u>6</u>	Deys <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Merchant</u>	11. Total time (years) spent in this occupation <u>10 yrs</u>
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired10. Date deceased last worked at this occupation (month and year) 189012. BIRTHPLACE (city or town)  
(State or country) Ind.13. NAME John Stoddard14. BIRTHPLACE (city or town)  
(State or country) Scotland15. MAIDEN NAME Jessima McNeil16. BIRTHPLACE (city or town)  
(State or country) Scotland17. INFORMANT Anelia Stoddard  
(Address) Cumberland, Md.18. BURIAL, CREMATION, OR REMDVAL Burial  
McKinley Cem. Date Mar 29, 193119. UNDERTAKER Lewis Stein Funeral Home  
(Address) Cumberland, Md.20. FILED Mar 27, 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 26

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov 28, 1930 to March 26, 1931; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HemorrhageDate of onset  
11-28-30  
3-27-31  
3-26-31

Other Contributory Causes of importance:

ArteriosclerosisSenileName of operation none Date of           What test confirmed diagnosis pathology Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury           , 19          Where did injury occur?            (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify           (Signed) H. V. Drury M. D.  
(Address) 67 N. Center St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany

Village or City Mudland (No.)

2 FULL NAME Sara Jane Tasker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

<u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>
---------------	------------------------------	--

(Write the word)

6 DATE OF BIRTH

Jan. 12<sup>th</sup>, 1839  
(Month) (Day) (Year)

7 AGE

92 yrs. 2 mos. 11 ds. If LESS than  
1 day hrs. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Retired  
(b) General nature of industry business, or establishment in which employed or (employer) —

9 BIRTHPLACE  
(State or country)

W. Va

10 NAME OF FATHER

Samuel Biser

11 BIRTHPLACE OF FATHER

W. Va.  
(State or country)

12 MAIDEN NAME OF MOTHER

Elijah Maple

13 BIRTHPLACE OF MOTHER

W. Va  
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Gro. Kidwell

(Address)

Mudland Ind

15 Filed

Mar. 24 1931

R. J. Stoker  
Registrar

02805

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 12St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 23<sup>rd</sup>, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 13<sup>th</sup> 1931 to March 23<sup>rd</sup>, 1931, that I last saw her alive on March 22<sup>nd</sup>, 1931, and that death occurred on the date stated above, at 2:15 A.M. The CAUSE OF DEATH \* was as follows:

Influenza

(Duration) yrs. mos. ds.

Contributory Secondary

Bronchitis pneumonia

(Duration) yrs. mos. ds.

(Signed) M. J. McDowell M. D.  
(Address) Mudland Ind

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Tucker County Cross W. Va

DATE OF BURIAL  
3/25, 1931

20 UNDERTAKER

M. Hafer

ADDRESS

Frostburg Ind

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report, "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia")

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbonic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County AlleganyVillage or City Lanesconing (No. ....)

## 2 FULL NAME

Margaret Jane Llement

02806

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 8

St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCEDFemale WhiteMarried

6 DATE OF BIRTH

March 12, 1865  
(Month) (Day) (Year)

7 AGE

65 yrs. 11 mos. 22 ds. or min.?If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE  
(State or country)Otahes

10 NAME OF FATHER

Robert Garthew

11 BIRTHPLACE OF FATHER

(State or country)

England

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

3/4 1931 S. Dan Egmont

Registr'r

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

3 4, 1931

(Month) ..... (Day) ..... (Year) .....

17 I HEREBY CERTIFY, That I attended the deceased from 192 ... to 192 ...

that I last saw h ..... alive on ..... , 192 ...,

and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH \* was as follows:

Angina Pectoris  
(Sudden death)

(Duration) 1 hr. yrs. mos. ds.

Contributory Secondary acute Indigestion

(Duration) 2 hr. yrs. mos. ds.

(Signed) S. Dan Egmont M. D.3/4 1931 (Address) Lanesconing

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Oak Hill Cemetery March 6, 1931

DATE OF BURIAL

20 UNDERTAKER

W. Eichhorn Lanesconing, Md.

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia;* *Bronchopneumonia* ("Pneumonia,"

RECEIVED  
APR 7 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Allegheny  
 Village or City Westernport (No. 131)

2 FULL NAME Burbridge C. Trennen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	MARRIED

6 DATE OF BIRTH  
January 1st., 1816  
 (Month) (Day) (Year)

7 AGE  
 115 yrs. 2 mos. 26 ds. If LESS than  
 1 day hrs. or min.?

8 OCCUPATION  
 (a) Trade, profession or particular kind of work Retired Farmer  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE  
 (State or country) Richmond, Virginia.

10 NAME OF FATHER Foster Trennen

11 BIRTHPLACE OF FATHER Virginia  
 (State or country)

12 MAIDEN NAME OF MOTHER Patsy Tiger

13 BIRTHPLACE OF MOTHER Virginia  
 (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. B. Trennen

(Address) Westernport, Md

15 Filed 2-29 1931 J. B. H. A. Registrar

02807

STATE OF MARYLAND  
 CERTIFICATE OF DEATH

Registration Dist. No. W. Va.

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 26, 1951, 192  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 11, 1931 to March 26, 1931,  
 that I last saw him alive on March 26, 1931,  
 and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH \* was as follows:

Chronic Nephritis, La Grippe,  
and Acute Bronchitis

(Duration) 0 yrs. 1 mos. 15 ds.  
 Contributory Secondary Inanition

(Duration) 0 yrs. 0 mos. 21 ds.  
 (Signed) Paul O. Wilson M. D.  
Mar. 27, 1931 (Address) Piedmont, W. Va.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Philos Cemetery Westernport DATE OF BURIAL 3/29 31  
 , 19

20 UNDERTAKER

W. H. Fredlock

ADDRESS

Piedmont

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

Burbridge C. Trennen

W. Va.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doy labore*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

5. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

62808

## 1. PLACE OF DEATH

County

Allegany

Village or City

Cumberland

WITHIN CORPORATE LIMITS 1072a

Registration Dist. No. 4

St. 3 Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

454 Bond

(Usual place of abode)

St. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

Mar. 1 1929

7. AGE

Years  
2Months  
0Days  
6If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md

## 13. NAME

Earl Wagner

14. BIRTHPLACE (city or town)  
(State or country)

Md

## 15. MAIDEN NAME

Elizabeth Minick

16. BIRTHPLACE (city or town)  
(State or country)

Md

## 17. INFORMANT

Earl Wagner

Cumberland Md

## 18. BURIAL, CREMATION, OR REMOVAL

Greenwood

Date May 9, 1931

## 19. UNDERTAKER

Louis Hedges

Cumberland Md

## 20. FILED

Mar. 9, 1931 Harvey H. Weiss

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

March 7  
(Month)  
(Day), 1931  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

March 2, 1931 to March 7, 1931  
I last saw him alive on March 7, 1931; death is said  
to have occurred on the date stated above, at 9:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Bronchial pneumonia

Date of onset  
G-1-31

## Other Contributory Causes of importance:

Acute myocarditis

3-7-31

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? None  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None  
Nature of injury None

## 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W.H. Hedges  
Cumberland Md  
M.D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I — D

The principal cause of death and related causes of importance were as follows:<sup>7</sup> 1931

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02809

## 1. PLACE OF DEATH

County Allegany

Village or City Cumberland, Md

WITHIN CORPORATE LIMITS

Registration Dist. No. 4

St., Ward

No. 15 N. Johnson St

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Thomas N. Walker

(a) Residence: No. 15 N. Johnson

St. 1 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Bertha. Walker

## 6. DATE OF BIRTH (month, day, and year)

April 20. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	8		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Baltimore and Ohio R.R. Co
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Baggage Master
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Md.
---	-----

13. NAME	Thomas Walker
----------	---------------

14. BIRTHPLACE (city or town) (State or country)	Va.
---	-----

15. MAIDEN NAME	Susan Newman
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16. BIRTHPLACE (city or town) (State or country)	Va.
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17. INFORMANT	Bertha. Walker
(Address)	Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL	Hill Crest
Place	Date Mar. 30. 1931

19. UNDERTAKER	John C. Wolford
(Address)	Cumberland, Md

20. FILED	Mar. 30. 1931 Harvey H. Weiss
	Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar. 28. 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

3-16-31 to 3-28-31; I last saw him alive on 3-28-31; death is said to have occurred on the date stated above, at 5:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Labor Pneumonia Date of onset 3-24-31

Other Contributory Causes of Importance:

Influenza 3-16-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical findings upon autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James J. Johnson, M. D.  
(Address) 207 Baltimore St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED APR 7 1931	Date of onset
		1915
Chronic interstitial nephritis	BUREAU V. S.	1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County..... ALLEGHENY

02810

WITHIN CORPORATE LIMITS

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City CUMBERLAND, MD. (No. MEMORIAL HOSPITAL)

SC: 6-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

Eleanor Wassen

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
FEMALE	WHITE	MARRIED

## 6 DATE OF BIRTH

DECEMBER 25, 1890, 1  
(Month) (Day) (Year)

## 7 AGE

40 yrs. 2 mos. 17 ds. If LESS than  
1 day hrs. or min?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work HOUSE WIFE  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

MARYLAND

## 10 NAME OF FATHER

HENRY KENDEL

11 BIRTHPLACE OF FATHER  
(State or country)

MARYLAND

## 12 MAIDEN NAME OF MOTHER

ELLA TROUT

13 BIRTHPLACE OF MOTHER  
(State or Country)

MARYLAND

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) MEMORIAL HOSPITAL

(Address) CUMBERLAND, MD.

## 15 Filed

mch. 13, 1931 Harvey H. Weiss

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

MARCH, 12, 1931, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
April 1930 192 to March 12, 1931,

that I last saw her alive on March 11, 1931,

and that death occurred on the date stated above, at 4:15 A.M.

The CAUSE OF DEATH \* was as follows:

Melanotic Sarcoma skin of right  
arm. Ext. &c

(Duration) yrs. mos. ds.

Contributory Secondary Metastases throughout body

(Duration) yrs. mos. ds.

(Signed) H. Eliason M. D.

March 12, 1931 (Address) 313 W. Ave.

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. 68 ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death? MEMORIAL HOSPITAL

Former or usual residence II VIRGINIA AVE. CUMBERLAND

## 19 PLACE OF BURIAL OR REMOVAL

Hagerstown, Md. March 14, 1931

## 20 UNDERTAKER

C. H. Suter &amp; Son ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldier*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 7 1931

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Sarcoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02811

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

near

Allegany

Outside of  
Cumberland

(131)

Registration Dist. No.

4

34

Ward

Village or City

Cumberland

City Limits  
No.

If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Mary Cristina Werner

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Female White Single

Se. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Apr. 18 1855

## 7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

75

11

8

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAW MILL, BANK, etc.

9. Industry or business in which work was done, as SILK MILL,

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

## 13. NAME

Lewis Werner

## 14. BIRTHPLACE (city or town)

(State or country)

## 15. MAIDEN NAME

Germany

## 16. BIRTHPLACE (city or town)

(State or country)

## 17. INFORMANT

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place: St Lukes Cemetery Date: Mar. 28, 1931

## 19. UNDERTAKER

(Address)

Loisie Stein Lue  
Cumberland Md

March 28, 1931 Harvey H. Werner

Registrar

(Address)

Date of onset

Mar. 25  
- 31

## 21. DATE OF DEATH

Mar. 26  
(Month) (Day)1931  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Mar. 25, 1931, to Mar. 26, 1931

I last saw her alive on Mar. 25, 1931; death is said to have occurred on the date stated above, et. 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General weakness, loss of weight

Mar. 26  
- 31

## Other Contributory Causes of Importance:

Bronchitis, Bright's  
Disease

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy? No.

## 23. If death was due to external causes (VIDELNCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

## If so, specify

(Signed)

First of April  
Cumberland Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	APR 7 1931	1915
Chronic interstitial nephritis	BUREAU U. S.	1921
Cerebral hemorrhage		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

M.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 02812

## 1. PLACE OF DEATH

County

Allegany WITHIN CORPORATE LIMITS 93-C

Registration Dist. No. 4

Village or City

Cumberland

St. / Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Marquis L. Wertz

St. / Ward.

318 Fayette

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

white

married

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar 3

(Month)

(Day)

, 1931  
(Year)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years Months Days

If LESS than  
1 day, . . . hrs.  
or . . . min.

60

5

17

8. Trade, profession, or peculiar  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILKIN  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year).11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

318 Fayette St., City

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Pleasant Cem. Date: Mar 6, 1931

19. UNDERTAKER

(Address)

Louis Steiner Inc

Cumberland, Md.

20. FILED

Mar. 4, 1931 Harvey H. Weise

Registrar.

## 22. I HEREBY CERTIFY That I attended deceased from

Jan 29, 1931, to Mar 3, 1931  
I last saw him alive on Feb 21, 1931; death is said

to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic myocarditis with syphago

## Other Contributory Causes of Importance:

Acute endocarditis 1 month

Name of operation . . . . . Date of . . . . .

What test confirmed diagnosis? . . . . . Was there an autopsy? . . . . .

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? . . . . . Date of Injury . . . . . , 19 . . . . .

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury . . . . .

Nature of injury . . . . .

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify . . . . . (Signed) P. J. Prewaskie M. D.  
(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Allegany

WITHIN CORPORATE LIMITS

Village or City Chamberlain No. 4

## 2 FULL NAME

Baby Whorton

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single6 DATE OF BIRTH Mar 12, 1931

(Month)

(Day)

(Year)

7 AGE — yrs. — mos. 1 ds. or min.If LESS than  
1 day... hrs.  
ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Flintstone Ind10 NAME OF FATHER Ray Whorton11 BIRTHPLACE OF FATHER  
(State or country) Ft. Dix New Jersey12 MAIDEN NAME OF MOTHER Melba Marie Jones13 BIRTHPLACE OF MOTHER  
(State or Country) Flintstone Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ray Whorton(Address) Flintstone Ind15 Filed Mar. 14, 1931, Harvey H. Weiss  
Registrar

62813

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 13, 1931(Month) Mar (Day) 13 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from Mar 17 1931 to Mar 12 1931, that I last saw him alive on Mar 12 1931, and that death occurred on the date stated above, at 12:15 p.m. The CAUSE OF DEATH \* was as follows:Prematurity 6 1/2 mos(Duration) — yrs. — mos. — ds.Contributory  
Secondary(Duration) — yrs. — mos. — ds.Signed O. L. Powers M. D.  
Mar 13 1931 (Address) Cumberland

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.Where was disease contracted, if not at place of death? Flintstone, MdFormer or usual residence Flintstone, Md

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Strawser Cem., Md Mar 14, 1931

20 UNDERTAKER ADDRESS

Ray Whorton - Flintstone, Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirizer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CIRANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH <sup>WITHIN CORPORATE LIMITS OF</sup>  
County Allegany

Village or City Westminster No. 108

2 FULL NAME Armeda Wilson

02814 STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. W

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<u>Married</u>
---------------------	------------------------------	--	----------------

6 DATE OF BIRTH Sept 1, 1898

(Month) (Day) (Year)

7 AGE 32 yrs.

If LESS than  
1 day hrs.  
or min.?

6 mos. 25 ds.

8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF FATHER James Morris

11 BIRTHPLACE OF FATHER  
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Armeda Wilson

13 BIRTHPLACE OF MOTHER  
(State or Country) Frostburg Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Russell Wilson

(Address) Westminster, Md.

15 Filed 3-27 1931 J. S. Wilson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 26, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 23, 1931 to March 26, 1931, that I last saw her alive on March 26, 1931, and that death occurred on the date stated above, at 8:45 A.M.. The CAUSE OF DEATH \* was as follows:

Bilateral Sub Acute Pneumonia

(Duration) 0 yrs. 0 mos. 10 ds.  
Contributory Secondary Cordiac Decompensation

(Duration) 0 yrs. 0 mos. 1 ds.  
(Signed) Paul R. Wilson M. D.  
March 27, 1931 (Address) Pinehurst W. Va.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Philmont Cemetery DATE OF BURIAL Mar 28, 1931

20 UNDERTAKER J. S. Royal

ADDRESS Westminster, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Solaman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doy laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-

APR 4 1931

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiaria," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by rail (or train—accident); Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

## MARGIN RESERVED FOR BINDING

**N. B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Allegany WITHIN CORPORATE LIMITS OF

Village or City Frostburg (No. 55)

2 FULL NAME

Mcculloch Minnie Catherine Wilson

62815

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female 4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

May 14, 1890  
(Month) (Day) (Year)

7 AGE

40 yrs. 10 mos. 16 ds. or min?

If LESS than  
1 day.... hrs.  
or..... min?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
Housewife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF  
FATHER

Thomas H. Brown

11 BIRTHPLACE  
OF FATHER

(State or country)

Alta

12 MAIDEN NAME  
OF MOTHER

Violina Powers

13 BIRTHPLACE  
OF MOTHER

(State or Country)

Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gilbert Wilson

(Address) Frostburg Md

15 Filed

3/30 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 29, 1931

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Nov 1930 to Mar 29, 1931

that I last saw her alive on Mar 28, 1931  
and that death occurred on the date stated above, at 5:00 p.m.  
The CAUSE OF DEATH \* was as follows:

Cancer of Uterus

(Duration) 1 yrs. 0 mos. 0 ds.

Contributory  
Secondary

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) A. L. Conway M. D.  
Mar 29 1931 (Address) Frostburg Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds.

In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Allegany Cem

DATE OF BURIAL

March 31, 1931

20 UNDERTAKER

George Eichorn

ADDRESS

Frostburg Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*; *Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County alleganyVillage or City Eckhart (No.)

## 2 FULL NAME

Donald Thomas Winebrenner

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

male

## 4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)single

## 6 DATE OF BIRTH

Dec 29 1930  
(Month) (Day) (Year)

## 7 AGE

— yrs. 2 mos. 19 ds. or min.If LESS than  
1 day hrs.  
or min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work \_\_\_\_\_  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

## 9 BIRTHPLACE

(State or country) Md

## 10 NAME OF FATHER

James D. Winebrenner

## 11 BIRTHPLACE OF FATHER

(State or country) Md

## 12 MAIDEN NAME OF MOTHER

Agnes Willison

## 13 BIRTHPLACE OF MOTHER

(State or country) Md

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Donald Winebrenner(Address) Eckhart Md.

## 15 Filed

1921

Registrar

02816

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 9

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 13, 1931

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from March 11, 1931 to March 13, 1931, that I last saw him alive on March 13, 1931, and that death occurred on the date stated above, at 9:30 A.M.. The CAUSE OF DEATH \* was as follows:

Acute dilatation of heartContributory  
Secondary

(Duration) yrs. mos. days.

(Signed) D. Copey(Address) March 13, 1931

M. D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Eckhart Cemetery

## 20 UNDERTAKER

Frostburg Undertaking Co.

## DATE OF BURIAL

Mar 15 1931

## ADDRESS

Frostburg Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spiriver*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Quaker*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 4 1931

BUREAU

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *... pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *leptomas*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02817

## 1. PLACE OF DEATH

County

Allegany

Village or City

Elkton

Length of residence in city or town where death occurred

DAYS 92956

yrs.

mos.

Nd.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. Nd. 14

Buckhannon

St.

Ward

ds How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: Nd.

Buckhannon

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

Sa. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Harry C Wineland

6. DATE OF BIRTH (month, day, and year)

54

MARCH 11, 1876

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

7. AGE

Years

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

Housewife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

as Housewife

11. Total time (years)  
spent in this  
occupation?12. BIRTHPLACE (city or town)  
(State or country)

John Burley

Pa

13. NAME

John Burley

Pa

FATHER

14. BIRTHPLACE (city or town)  
(State or country)

Julia Shroyer

Pa

MOTHER

15. MAIDEN NAME

John Burley

Pa

16. BIRTHPLACE (city or town)  
(State or country)

Harry C Wineland

Elkton, Md

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Date

Henderson, Pa

Mar 11, 1931

18. UNDERTAKER

(Address)

Loring Stein

Dove

19. FILED

March 11, 1931

J. Lloyd Wayne

Reg. No. 1

T

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Mar. (Month)

8th. (Day)

1931 (Year)

22. I HEREBY CERTIFY That I attended deceased from Mar. 8th, 1931, to Mar. 8th, 1931

I test saw h. alive on 12:30 p.m., 19 ; death is said to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage. Mar. 8th, 1931

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

Loring E. McLean M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

nt of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of units can be known. Make some entry in this section for every person aged 10 years or over. If the de-retired from business, report the occupation prior to retirement. Children not gainfully employed may be at school or at home. For a woman whose only occupation was that of home housework, write housewife Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person occupation whatever write none.

complete, an occupation return must state:

- The trade, profession, or particular kind of work done.
- The industry or business in which the work was done.
- The month and year the deceased last worked at the occupation.
- The number of years the deceased followed the occupation.

ng the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findicular kind of work done and return that, as spinner, weaver, etc.

ng the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. Stateur kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

ish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statementation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goodselled a salesman and not a clerk.

nt of cause of death.—Cause of death means the disease, injury, or complication which causes death, not theg, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. causes, name earlier morbid conditions, if any, related to the principal cause and any important complicational cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

1 cause of death and related causes e were as follows:		Date of onset
s		1915
initial nephritis	1921	
rriage	July 5, 1927	
Contributory causes of importance:		RECEIVED APR 8 1928
		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

**N. B.**—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WITHIN CORPORATE LIMITS OF

## PLACE OF DEATH

County... alleganyVillage or City Frostburg (No.)

## 2 FULL NAME

John P. Workman

02818

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 9

(82-a)

St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)married

6 DATE OF BIRTH

Aug 30, 1856  
(Month) (Day) (Year)

7 AGE

74 yrs. 6 mos. 19 ds. If LESS than  
1 day..... hrs.  
or..... min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work coal miner  
 (b) General nature of industry business, or establishment in which employed or (employer) \_\_\_\_\_

9 BIRTHPLACE  
(State or country)Md.

10 NAME OF FATHER

William C. Workman11 BIRTHPLACE  
OF FATHER  
(State or country)Md.12 MAIDEN NAME  
OF MOTHERWinchener13 BIRTHPLACE  
OF MOTHER  
(State or Country)Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ges. Workman

(Address)

Frostburg Md.

15 Filed

1921

2110 McLean Dr

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 19, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Mar 18, 1921 to Mar 19, 1931,  
 that I last saw him alive on Mar 18, 1931, and that death occurred on the date stated above, at 5 p.m..  
 The CAUSE OF DEATH \* was as follows:

Cerebral hemorrhageContributory  
Secondary(Duration) 11 hrs.  
yrs. mos. ds.(Duration) 11 hrs.  
yrs. mos. ds.

(Signed)

J. C. Workman M. D.  
3-20-1921. (Address)\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 170 Maple St., FrostburgFormer or usual residence Frostburg

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Frostburg allegany Cemetery Mar 22, 1931

20 UNDERTAKER ADDRESS

J. J. Alrus Frostburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Houseward*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebro-spinal meningitis*"); *Diphtheria* (avoid use of "*Croup*"); *Typhoid fever* (never report "*Typhoid Pneumonia*"); *Lobar pneumonia*, *Bronchopneumonia* ("*Pneumonia*,

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *septic*, *telaenius*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County AlleganyVillage or City Midland (No. 95-6)2 FULL NAME Ulysses Bright

02819

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 12

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married6 DATE OF BIRTH Jan. 2, 1870

(Month)

(Day)

(Year)

7 AGE 61If LESS than  
1 day... hrs.  
or min.?

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work Minister
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country) Virginia10 NAME OF FATHER John Bright11 BIRTHPLACE OF FATHER  
(State or country) Pennsylvania12 MAIDEN NAME OF MOTHER Elizabeth Hyndman13 BIRTHPLACE OF MOTHER  
(State or Country) Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. U. S. Bright(Address) Midland Md.15 Filed Mar. 28, 1931R. J. Stoker  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 27, 1931(Month) March (Day) 27 (Year) 193117 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,  
that I last saw h alive on 192,and that death occurred on the date stated above, at 7:30 P.M.  
The CAUSE OF DEATH was as follows:Organic Heart Disease  
(Sudden Death)(Duration) — yrs. — mos. — ds.Contributory  
Secondary(Signed) J. Don Glavin M. D.  
3/28/31 (Address) Lorraine\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death yrs. — mos. — ds.In the State yrs. — mos. — ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence19 PLACE OF BURIAL OR REMOVAL Lorraine Cemetery BaltimoreDATE OF BURIAL Mar. 31, 193120 UNDERTAKER J. Cichon LorraineADDRESS Lorraine

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmädchen*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1941

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLEASE WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County Allegany  
WITHIN CORPORATE LIMITS

Village or City Cumberland (No.)

## 2 FULL NAME

Joseph Zoblos

02820  
STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Male

## 4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

MARRIED

## 6 DATE OF BIRTH

March 17, 1871  
(Month) (Day) (Year)

## 7 AGE

60 yrs. 0 mos. 1 ds. or min. If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Coal Miner

Mining Oval

9 BIRTHPLACE  
(State or country)

Poland

Dont Know

10 NAME OF  
FATHER

Dont Know

11 BIRTHPLACE  
OF FATHER

(State or country)

Dont Know

12 MAIDEN NAME  
OF MOTHER

Dont Know

## (State or Country)

Dont Know

13 BIRTHPLACE  
OF MOTHER

(State or Country)

Dont Know

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Vodepich

(Address) Kittymiller Md

15 Filed March 19, 1931 Harvey H. Weiss  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 18, 1931  
(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

March 17, 1931 to March 18, 1931

that I last saw him alive on March 18, 1931

and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH \* was as follows:

Copar Pneumonia  
(Entire Body)

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) P.C. Baugher M. D.

March 18, 1931 (Address) Cumberland Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Kittymiller, Md

## 19 PLACE OF BURIAL OR REMOVAL

Elk Garden, W Va 3/21, 1931

## 20 UNDERTAKER

O.T. Sharpley Blaine W.

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

APR 7 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All this data is essential and must be obtained before the certificate is permanently filed.

BUREAU V.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

02821

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Alleghany

(31) WITHIN CORPORATE LIMITS  
No.

Registration Dist. No. 4

Village or City

Cumberland

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Elizabeth Ziler

(a) Residence: No.

714 Elm St.

St. 6-1 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Wilson

6. DATE OF BIRTH (month, day, and year)

Nov. 20 - 1848

Years

81

Months

4

Days

10

IF LESS than

1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

At home

12. BIRTHPLACE (city or town)  
(State or country)

West Va

MOTHER

FATHER

13. NAME Lawrence Cosgrave

14. BIRTHPLACE (city or town)  
(State or country)

Ireland

15. MAIDEN NAME Theresa Root

16. BIRTHPLACE (city or town)  
(State or country)

Penns

17. INFORMANT

(Address)

James B. Ziler

18. BURIAL, CREMATION, OR REMOVAL

Place

Orleans X Roads W. Va.

Date

April 1, 1931

19. UNDERTAKER

(Address)

Louis Stein Inc.

20. FILED

(Address)

Mc. 31, 1931 Harvey H. Weiss

## 21. DATE OF DEATH

March 30<sup>th</sup>

(Month)

(Day)

(Year)

## MEDICAL CERTIFICATE OF DEATH

## 22. I HEREBY CERTIFY. That I attended deceased from

March 30<sup>th</sup>, 1931, to March 30<sup>th</sup>, 1931.

I last saw her alive on March 30, 1931; death is said to have occurred on the date stated above, at 11:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Myocarditis

Other Contributory Causes of Importance:

Chronic Enteritis  
Reptition

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Ernest H. Johnson M. D.

(Address) Cumberland, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	APR 7 1931
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN